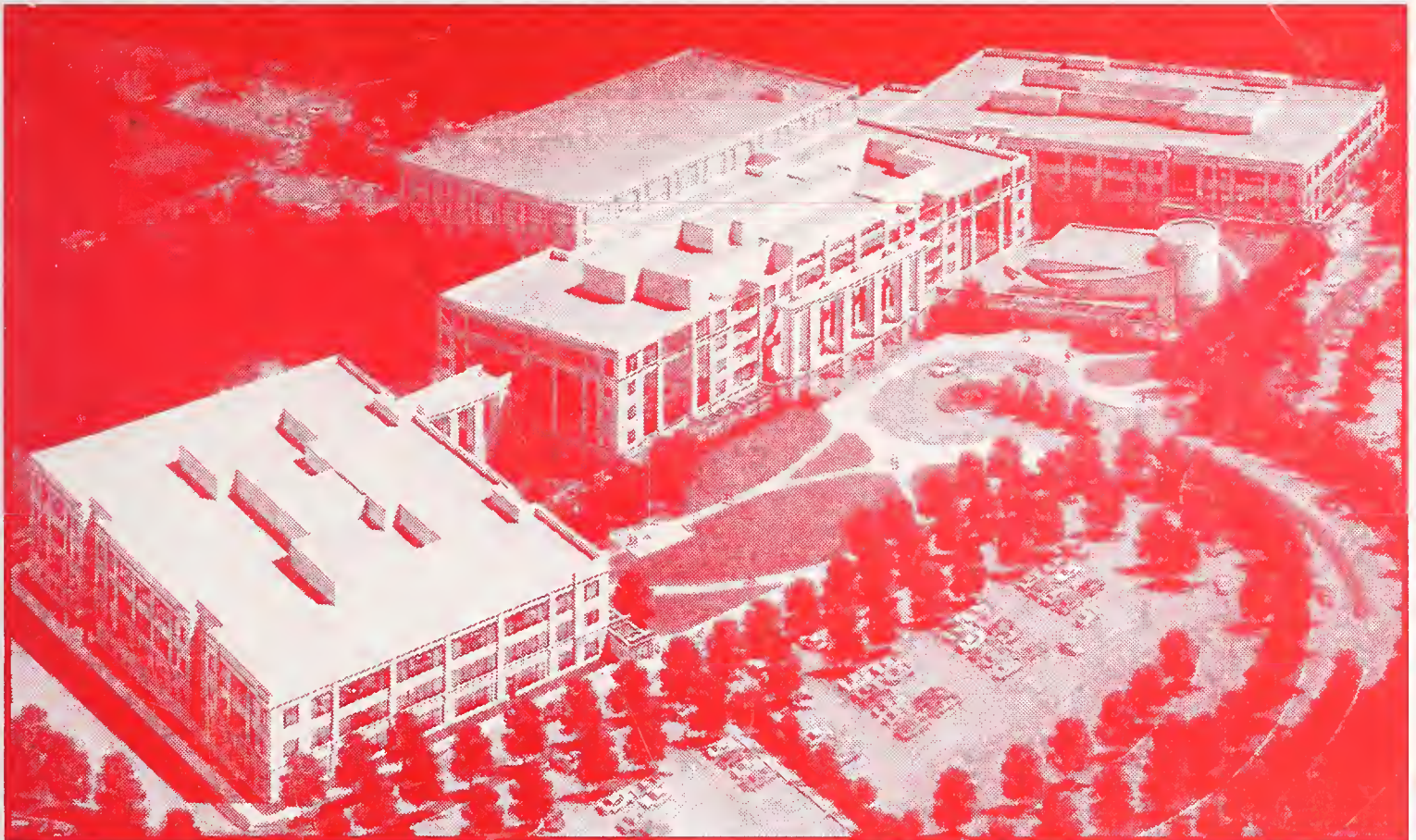


**DOING BUSINESS WITH THE
HEALTH CARE FINANCING ADMINISTRATION (HCFA)**

HCFA AND HBCUs



"Partners in Success"



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**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Health Care Financing Administration**







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THE DEPUTY SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201


It is the policy of the Department of Health and Human Services (DHHS) and the Health Care Financing Administration (HCFA) to stimulate competition among potential recipients and to award purchases, contracts and grants/cooperative agreements on a competitive basis to the fullest degree consistent with quality, efficiency and accuracy.


It is also our policy to maximize opportunities for Historically Black Colleges and Universities (HBCUs) to participate in DHHS programs generally, and HCFA programs in particular. Toward that end we have developed this pamphlet as a tool to promote the participation of HBCUs in HCFA's Medicare and Medicaid programs and other related activities via contracts, grants and/or cooperative agreements.


Our primary goal is to assist HBCUs in "doing business with HCFA," by making them more aware of our procedures for pursuing contracts and grant/cooperative agreements, and to inform them of the kinds of supplies and services needed to support the HCFA mission.

On behalf of the HCFA staff, we look forward to working closely with HBCUs in the future. We encourage all HBCUs to get acquainted with HCFA by reviewing and using this pamphlet, and by directing inquiries to HCFA staff about any of our activities and programs.

We hope that this pamphlet is helpful. We welcome suggestions for improving it, or any of our programs, to better serve HBCU needs.


Walter D. Broadnax
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U.S. Department of Health
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INTRODUCTION

In fiscal year 1994, the Health Care Financing Administration (HCFA) spent \$302.5 billion to provide health care services to more than 70 million elderly, disabled and poor Americans in the Medicare and Medicaid programs. The sum of \$302.5 billion includes Federal administrative costs, which are less than two percent of our annual expenditure.

While we accomplish some of our many and diverse functions in-house, most are completed through non-Federal organizations (contractors and grantees), using contracts, grants and cooperative agreements.

Because it is the Federal Government's policy to place a fair share of all acquisitions and grants/cooperative agreements with small, minority-owned, and women-owned business firms, since August 8, 1980, four different American Presidents have issued the following Executive Orders designed to achieve a significant increase in the participation by historically Black colleges and universities in Federal contracts, grants and cooperative agreements:

- Executive Order 12232, dated August 8, 1980
- Executive Order 12320, dated September 15, 1981
- Executive Order 12677, dated April 28, 1989
- Executive Order 12876, dated November 1, 1993
- Executive Order 12928, dated September 16, 1994

In keeping with the intent and spirit of these Executive Orders, we developed this pamphlet for the Nation's historically Black colleges and universities (HBCUs) as a tool for promoting the participation of HBCUs in HCFA's Medicare and Medicaid programs and other related activities via contracts, grants and/or cooperative agreements. Our primary goal is to assist HBCUs in "doing business with HCFA," by making them more aware of our acquisition and grant/cooperative agreement process and the supplies and services needed to support our mission.

For the purpose of awarding a contract, grant or cooperative agreement, HBCUs are classified as institutions of higher education. In addition, HBCUs may be awarded contracts through the Small Business Administration Section 8(a) Program, the Department of Defense Small and Disadvantaged Business Program, Department of Health and Human Services programs and through other specific statutory authority or appropriate means.

This pamphlet begins with a discussion of "who we are," which includes a brief history of HCFA and describes the Medicare and Medicaid programs as well as other important HCFA activities.

Section I deals with the HCFA acquisition process, including acquisition opportunities, small purchases, sealed bidding and contracting by negotiation. Section II covers the HCFA grant/cooperative agreement process, including grant/cooperative agreement opportunities, grant funding, grant pre-award process, grant award process and grant post-award process.

The appendices contain a glossary of acquisition and grant/cooperative agreement terms and definitions, a list of acquisition and grant/cooperative references and a HCFA directory of principal organizations. Samples of acquisition and grant/cooperative standard forms and a list of Medicare contractors are attached as exhibits.

WHO WE ARE (HCFA PROGRAMS)

From their creation in 1965 until 1977, Medicare was a function of the Social Security Administration, while Federal assistance to the state Medicaid programs was an activity of the Social and Rehabilitation Services Administration. The creation of the Health Care Financing Administration (HCFA) in 1977 brought the two major health care financing programs into a single agency for effective coordination of their missions.

HCFA was created by the Secretary of Health, Education and Welfare on March 9, 1977, to administer the Medicare program, the Federal portion of the Medicaid program and related quality assurance activities.

We have approximately 4,000 employees engaged in policy development, program operations, legislative analysis and liaison activities, health care research and demonstrations, budget preparation and analysis, actuarial studies, data collection and processing, enforcement of health quality standards and public information activities.

We currently administer national health insurance programs for America's aged, disabled, those with end-stage renal disease, and many of the poor through either the Medicare or Medicaid programs.

MEDICARE

- Medicare provides health insurance coverage for people 65 and over, younger people who are receiving Social Security disability benefits, and persons who need dialysis or kidney transplants for treatment of end-stage-renal-disease.
- Medicare, in fiscal year 1994, provided health care coverage for 36.9 million people at a cost of \$159.3 billion. The beneficiaries included 32 million aged, 3.6 million Social Security disability beneficiaries and 77,000 persons with end-stage renal disease (The disabled and end-stage renal disease populations reflect those under age 65 only). In fiscal year 1995, the Medicare program will cover approximately 37.6 million people at an estimated cost of \$174.2 billion.
- To date, 3.5 million Medicare beneficiaries are enrolled in managed care plans such as Health Maintenance Organizations (HMOs) that provide them with all Medicare-covered services. The plans often offer, at a nominal charge, services not covered by Medicare, such as eyeglasses, dental services and hearing aids. Managed care plans have the potential of providing quality health care services at a lower cost than fee-for-service Medicare. The private sector is increasingly turning to managed care plans to achieve affordable health care.

MEDICAID

- Medicaid, which provides health care coverage for the poor, is administered by the states with matching funds from the Federal Government. Federal law mandates coverage of basic health care services for categories of low-income people. States have the option of covering other needy people and providing medical services not mandated by Federal law.
- The Medicaid program will cover approximately 36 million people in fiscal year 1995 at an estimated cost of \$155.1 billion, of which the Federal share is estimated at \$88 billion.
- Forty-four states have implemented successful managed care programs, contracting with entities to provide medical services to approximately 5 million Medicaid beneficiaries.

Direct payments for health care services, primarily through the Medicare and Medicaid programs, constitute one of the largest single segments of Federal and state budgets. In addition, employee health benefits paid by businesses add significantly to the cost of domestic goods and services. Access to care (and the cost-effectiveness) of current delivery systems along with the potential of new financing mechanisms continue to be areas of significant research interest. We continually reassess current methods of payment for health care programs and look for innovative methods for paying for health care services.

OTHER IMPORTANT HCFA ACTIVITIES

In addition to establishing rules for eligibility and benefit payments, paying Medicare benefits and providing states with matching funds for Medicaid benefits, we carry out many other important activities.

- We are responsible for assuring the safety and quality of medical facilities, providers, and suppliers through setting standards, conducting inspections, and certifying providers as eligible for program payments, and ensuring that corrective actions are taken where deficiencies are found.

We also monitor the quality of care provided to Medicare beneficiaries through the Peer Review Organization (PRO) program. PROs ensure that the medical services provided to Medicare patients in hospitals and certain outpatient settings are medically necessary, appropriate and meet acceptable quality standards.

State inspection teams working under agreement with us conduct surveys of health care providers and suppliers to ensure compliance with federal standards for health, safety and quality of care.

- We conduct an extensive program of research, demonstrations, and grants aimed at helping improve the quality of health care, access to care, the efficiency of delivery and payment systems, and other important improvements in the health care system.
- We maintain the Nation's largest collection of health care data and provide data and analytical services to the Congress, other parts of the Executive Branch, non-government analysts and researchers, as well as internal users.
- We promote managed care and assure that federally qualified HMOs meet quality, benefit, and financial integrity standards.
- We, through the Clinical Laboratory Improvement Act (CLIA) program, help assure the quality and reliability of laboratory testing for all Americans.
- We oversee State regulation of private Medicare supplemental "Medigap" insurance to ensure that Medicare beneficiaries are afforded important consumer protection.

To accomplish our mission, we carry out most operational activities through claims processing contractors (fiscal intermediaries and carriers), State survey agencies, Peer Review Organizations (PROs), and State Medicaid agencies.

However, there are various other opportunities for other organizations, including historically Black colleges and universities, to work with us in accomplishing our mission through contracts and/or grants. To assist you in becoming more aware of the acquisition and grant opportunities in HCFA, we have provided the following list of fiscal year 1995 acquisition and grant opportunities.

FISCAL YEAR 1995 ACQUISITION AND GRANT OPPORTUNITIES

NOTE: Please be advised that this list is not all inclusive and that many of the services listed may have already been acquired via contract or grant/cooperative agreement. However, the list does serve as a representative sample of the various types of non-Federal services needed to support the HCFA mission.

- **Early and Periodic Screening, Diagnostic and Treatment Program: A Guide for Educational Programs**—Revise and update subject guide using baseline information about the involvement of school health programs in Medicaid service delivery and program administration.
- **Provider Participation - Alternatives for the Underserved**—Document state medical policies and practices affecting use of special provider types (e.g., nurse practitioners, physician assistants, nurse midwives, ethnic minority group providers) and alternative service delivery approaches (e.g., mobile units, telemedicine, public housing, and “one-stop” shopping settings) for vulnerable and under-served medical populations. Assess barriers and/or models.
- **Consumer Information**—Develop appropriate consumer information vehicles based on existing Medicaid data and the priorities identified by Medicaid Bureau’s Consumer Information Strategy Group.
- **Focused State Practice Assessments**—Provide rapid information and analytical support to identify and document State policies and practices in selected priority areas (e.g., respond to White House or congressional requests, or inform State of Federal policy-making). Compile and supplement information from multiple sources, document state practices and facilitate information exchange and technical assistance on focused issues in areas such as adolescent health, administrative streamlining and cultural sensitivity approaches for access, services for disabled children, outreach in rural areas, multi-program case management, etc.
- **End-Stage-Renal-Disease (ESRD) Networks**—The ESRD program is the statutorily mandated system for quality assurance of ESRD patients and is the primary source of non-billing (personal and medical) data in support of the HCFA data system and the National Renal Registry.
- **Billing and Certificate Issuance**—Provide billing services for each Clinical Laboratory Improvement Act laboratory which completes the registration and application process. This includes billing for compliance, follow-up, and complaint investigation.
- **Peer Review Organization Standard Data Processing Systems**—Develop standard open architecture software and assist HCFA in defining appropriate hardware platforms that can meet the needs of both case review and pattern analysis.
- **Clinical Support**—Convene panels to provide technical/ clinical support for algorithm development and refinement. Analyze data and review literature to identify where new algorithms need to be modified to reflect changes in medical practice.
- **General Programming Support**—General peer review programming support. Conduct information resource management needs analysis to support the implementation of standard systems.
- **Evaluation of Quality Performance Measures**—Evaluate pilot peer review organization support of the continuing implementation of Health Care Quality Improvement Initiative.
- **Satellite Training Programs**—Use a satellite to provide distance training to surveyors in 10 HCFA regional offices simultaneously. Film a segment of a survey of a selected provider in “real time” and telecast via satellite. Allow surveyors at regional office sites to engage with expert surveyors.

- **Distant Learning Instructors' Training**—Train instructors in the skills necessary to teach via satellite.
- **Minimum Data Set (MDS) Transmission**—Develop system and data transmission specifications and provide programming support for the development of a national computerized MDS data base.
- **Psychiatric Hospitals Special Conditions**—Survey publicly and/or privately owned psychiatric hospitals for compliance with requirements for special staffing and medical records.
- **Long-Term Care Survey Pilot Assessment**—Assess cost implications for the revised resident-centered, outcome-oriented survey system for the revised survey process.
- **Interactive Video Disc Training Programs for Surveyors**—Provide current and meaningful learning opportunities for surveyors who survey nursing homes using existing computerized hardware available in each state and HCFA regional office.
- **Surveyor Training Instruction Aids**—Enhance the presentations used by the instructors to provide meaningful and illustrative examples of materials being presented in the surveyor training program.
- **Surveyor Training for Decision-Making**—Develop a modular training program for surveyors on how to survey for quality of care and quality of life in nursing homes as well as guidelines on decision-making for surveyors. This training program must be transportable and available to all nursing home surveyors.
- **Re-Bundling Contract**—Develop payment policy to deny inappropriate component physician services/codes when billed on the same day by the same provider as comprehensive service code (component services are included in comprehensive services and thus should not be separately paid).
- **Payer Identification Registry**—Establish and maintain Payer Identification Registry for approximately 25,000 to 30,000 payers of health insurance benefits. The Payer Registrar will register existing entities and provide numbers to payers. The Registrar will be responsible for additions, deletions, and corrections, access to the payer identification information and security of the database. The Registrar will establish intervals for updating the database and for furnishing electronic and printed updates to subscribers.
- **Maintenance of the Grouper, Medicare Code Editor & Out Patient Code Editor**—Perform data analyses, recommend charges and develop software programs that can be used to process Medicare data for inpatient discharges and hospital outpatient services. Develop software programs and related documentation for processing Medicare claims.
- **Design an All-Inclusive Explanation of Medicare Benefits (EOMB) Notice**—Design single consolidated notice (i.e., no distinction between Part A and Part B) that will effectively communicate important Medicare information to beneficiaries.
- **Physician Survey**—Develop Spanish version of the “Physician Survey.”
- **HCFA'S ADP/ADPE Program**—The following areas of expertise will be required:
 - Model 204, IDMS/R, DB2, SAS, TSO, CICS, COBOL, FOCUS, CLIPPER, VTAM, MVS/ESA, LAN DESIGN/IMPLEMENTATION.

The following analytical skills will be required:

- Application Systems Analysis
- Database Analysis
- Data Communication Analysis
- Cost Benefit Analysis
- Capacity Planning
- Requirements Analysis
- Technology Assessment

The following categories of labor will be required:

- Project Manager
- Analyst/Programmer
- Senior Programmer
- Programmer
- Junior Programmer
- Computer Aide
- Economist
- Senior Economist
- Statistician
- Senior Statistician
- Epidemiologist
- Physician Epidemiologist
- Biostatistician
- Survey Statistician

The following types of services are needed to support our ADP facility, which consists of two IBM mainframe processors, Storage Tek Automated Cartridge Systems (ACS), over on (1) terabyte of Direct Access Storage Devices (DASD), other mainframe peripheral devices, IBM 9370 minicomputers and approximately 4,000 microcomputers located nationwide, are:

- Operation and maintenance of ADP data communications equipment;
 - Management of the HCFA Data Center (HDC) capacity planning;
 - Technical assessments of new ADP related products;
 - Studies and impact analyses to determine and define HDC and user requirements;
 - Special planning activities such as the relocation of HCFA to a single site, evaluating net-working alternatives; and
 - Software development.
- **HCFA's Research and Demonstration Program**—The principal purpose of HCFA's research and demonstration program is to stimulate the resolution of major health care organizational and financing issues. The extramural portion of the program sponsors studies whose goals are to assess the current health care delivery/financing sector and to develop innovative ways to improve the quality and cost- effectiveness of health care programs.

Our current research and demonstration interests are in the following areas:

– **Health care systems financing and reforms**

Analyze global payment strategies

Assess advantages/disadvantages of an all-payor system

Study methods of risk pooling and health risk adjustments

– **Managed care systems**

Evaluate current models of alternative service delivery systems and identify features which contribute to efficiency and cost-effectiveness

Study methods to assist individuals in choosing, accessing, and effectively using managed care services

– **Provider Payment**

Develop better methods for determining hospital efficiency

Study the feasibility of using competitive market forces as a means of establishing price/reasonable payment for health care services

Study/test bundled payment options (e.g., combining physician and facility services)

– **Access and quality of care**

Explore methods to promote early, adequate, and universal prenatal care

Develop methods to educate and disseminate information to reviewers of medical care

– **Service delivery systems**

Study the factors that influence the supply of health professionals, specialty training, and geographic dispersion

Study/test methods to integrate primary and preventive health services

Explore methods to provide health care to underserved areas

– **Subacute and long-term care**

Study/test methods to provide long-term care services to the non-elderly disabled including the mentally retarded and chronically mentally ill

Study innovative approaches to the cost-effective delivery of long-term care services

Study the impact of major Medicare/Medicaid program changes on cost, access, and quality of long-term care services



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SECTION I ACQUISITIONS

THE HCFA ACQUISITION PROCESS

The Federal Grant and Cooperative Agreement Act of 1977 requires executive agencies to use contracts for certain types of relationships. A procurement contract is used when the principal purpose of the transaction is the acquisition of supplies and services by purchase, lease or barter for the direct benefit or use of the Government, or when the Government determines in a particular case that the use of a procurement contract is appropriate.

HCFA's contracts are awarded in compliance with the Federal Acquisition Regulation (FAR), Health and Human Services Acquisition Regulation (HHSAR) and other Federal regulatory policies and/or procedures. In this section we are going to discuss how to identify acquisition opportunities, as well as the process related to simplified acquisitions, sealed bidding and contracting by negotiation.

HOW TO IDENTIFY ACQUISITION OPPORTUNITIES

A key to marketing yourself to HCFA is the ability to locate the available acquisition opportunities. To assist you in this endeavor, we are going to discuss how to locate HCFA's acquisition opportunities by reading the Commerce Business Daily, contacting the HCFA Small and Disadvantaged Business Utilization Specialist (SADBUS), and attending trade shows and conferences. In addition, we have provided you with some information about electronic commerce - using a computer to locate acquisition opportunities with HCFA.

COMMERCE BUSINESS DAILY (CBD)

One key way to locate acquisition opportunities in HCFA is through the Commerce Business Daily (CBD). With certain exceptions, our proposed acquisitions of \$25,000 or more are publicized in the CBD "Synopsis of U.S. Government Proposed Procurement, Sales and Contract Awards." Reference copies are available in both the Department of Commerce and the Small Business Administration's field offices.

The primary purpose of this publication is to provide you with information concerning current government contracting and/or subcontracting opportunities. You may subscribe to this daily listing of government acquisition solicitations, contract awards, subcontracting opportunities, sales of surplus property, and foreign business opportunities through the Superintendent of Documents.

For further information, contact:

Superintendent of Documents
Attn: New Orders
Box 371954
Pittsburgh, PA 15205-7954

or any of the U.S. Government Bookstores located in major cities throughout the nation. Telephone orders can be made with a credit card by dialing:

(202) 512-1800 (voice)
(202) 512-2250 (fax)
(202) 512-2265 (TDD)

CBD subscription prices are:

	<u>First Class Mailing</u>	<u>Second Class Mailing</u>
12 Months	\$324.00	\$275.00
6 Months	\$162.00	\$137.50

SMALL AND DISADVANTAGED BUSINESS UTILIZATION SPECIALIST (SADBUS)

A second key way to locate acquisition opportunities in HCFA is to contact the HCFA Small and Disadvantaged Business Utilization Specialist (SADBUS). On September 16, 1994, President William J. Clinton signed Executive Order 12928 which promotes increased participation in Federal procurement by HBCUs. Although the implementing instructions have not been issued, HCFA does have a SADBUS available to assist and consult with you for the purpose of promoting your participation in our acquisition program as either a prime contractor or subcontractor.

The SADBUS also has information about subcontracting opportunities. Most of our subcontracting opportunities are primarily under Medicare (see Exhibit 1) or the peer review and end-stage renal disease programs. As stated above, acquisitions which offer substantial subcontracting opportunities are publicized in the Commerce Business Daily. The SADBUS can be reached at the following address:

Health Care Financing Administration
Office of Acquisition and Grants
Attn: Small and Disadvantaged Business
Utilization Specialist
Central 2-21-15
7500 Security Boulevard
Baltimore, Maryland 21244-1850
Telephone Number: (410) 786-5132

TRADE SHOWS AND CONFERENCES

A third key way to locate acquisition opportunities in HCFA is by attending HCFA trade shows and conferences. For example, the HCFA Bureau of Data Management and Strategy and Office of Acquisition and Grants sponsor business fairs to allow firms in the ADP industry to exhibit their products and/or services. This event is important to the various HCFA program offices, as it enables them to be kept abreast of changing technologies, as well as demonstrate new technological changes that have occurred over the previous year. For more information, contact our Small and Disadvantaged Business Utilization Specialist at the address listed in the section on the SADBUS above.

Other conferences that we participate in are the Congressional Black Caucus Foundation Procurement Fair and the Minority Enterprise Development Marketplace Fair sponsored by the Small Business Administration and the Minority Business Development Agency. Representatives from HBCUs can come and discuss their capabilities with representatives from HCFA as well as other Federal agencies.

ELECTRONIC COMMERCE VIA THE FEDERAL ACQUISITION NETWORK (FACNET)

In the very near future it will be very easy to locate acquisition opportunities in HCFA via electronic commerce. The Federal Government is in the process of transforming the acquisition system from a cumbersome process driven by paperwork to an expedited process based upon electronic data interchange. This will involve the establishment of a Federal Acquisition Network (FACNET), a computer-based source of information readily accessible to government and private sector users, including small business.

FACNET is being developed in two phases. The first, or "interim" phase, involves developing the capability to: (1) provide notice of contracting opportunities, and (2) receive bids and proposals through electronic commerce procedures.

The second, or "full" phase, involves developing the capability to use electronic commerce procedures for processing certain orders, responding to questions about solicitations, and compiling data about the acquisition process.

The second phase should be achieved within five (5) years. HCFA is currently pilot testing its "interim" system and plans to implement it by the summer of 1995. Anyone with access to a personal computer and a modem will be able to use the system.

Now that you know some of the ways to locate acquisition opportunities in HCFA, we are going to discuss the four principal methods we use to acquire supplies and services: simplified acquisitions, sole source, sealed bidding and contracting by negotiation.

SIMPLIFIED ACQUISITIONS

You should be aware that the Federal Acquisition Streamlining Act (FASA) of 1994 replaced the old "small purchase threshold" of \$25,000 with a new \$100,000 "simplified acquisition threshold" (SAT). The purpose of this change was to streamline the process of making small acquisitions and to reduce the amount of staff time needed for each purchase, which will result in substantial savings to the Government. All purchases greater than \$2,500 up to the SAT are reserved exclusively for small business concerns. Our current SAT is \$50,000 since the \$100,000 SAT does not go into effect until our interim FACNET capability has been certified. You will be notified when this threshold is raised.

FASA also established a micro-purchase threshold of \$2,500. Under micro-purchase procedures in FAR Part 13, full and open competition does not apply, the purchases are not reserved for small business, purchases are not subject to the "Buy American Act" and governmentwide commercial credit cards are the preferred method for purchase.

SIMPLIFIED ACQUISITION PRE-AWARD PROCESS

Sources for making simplified acquisitions are classified as either mandatory or open market. When the sources of supplies/services are mandatory, we must purchase from those sources/vendors, if they can satisfy our need. However, we can use the open market when it is impracticable to satisfy our need through mandatory sources.

As a general rule, when purchasing in the open market, requests for quotations for supplies and services greater than \$2,500 but under \$25,000 are solicited either orally or in writing. However, oral solicitation may not be practicable for most simplified acquisitions exceeding \$25,000 because of the synopsis requirement. For written solicitations, we use the written solicitation Standard Form 18, "Request for Quotation" (see Exhibit 2). We use the request for quotation to solicit information about your price, and sometimes your approach and capabilities. Please note that your response to a request for quotation is not an offer. Rather it is an informational response that has no legal standing.

To ensure that you receive both oral and written solicitations, you should be on our Solicitation Mailing List. In order to do so, you must complete Standard Form 129, "Solicitation Mailing List Application," and mail it to the HCFA SADBUS. The SADBUS' address is located in the Small Business Opportunities section of this pamphlet. A copy of a Standard Form 129 with instructions is also included in this pamphlet (see Exhibit 3). In addition, a copy of the form is located in Section 53 of the Federal Acquisition Regulation.

SIMPLIFIED ACQUISITION AWARD PROCESS

Currently, simplified acquisitions are accomplished by using one of the following simplified acquisition methods:

- Purchase Order;
- Credit Card (IMPAC); or
- Blanket Purchase Agreement/Order.

A purchase order is a document signed by a HCFA contracting officer and addressed to the successful vendor, requesting the future delivery of supplies, or the future performance of nonpersonal services, in accordance with the terms of the purchase order. Optional Form 347, "Order for Supplies or Services" is the most widely used simplified acquisition award form we use for this purpose (see Exhibit 4).

A second simplified acquisition method involves the use of a Government credit card, known as a "purchase card" to distinguish it from other credit cards. The Government Commercial Credit Card is an internationally accepted VISA credit card. The VISA card designed for the Government credit card program bears the Great Seal of the United States along with a restricted use designation (For Official Use Only). In addition, the card bears the unique name IMPAC (International Merchant Purchase Authorization Card), which is a registered trademark provided by the contractor, Rocky Mountain BankCard System, Inc., located in Denver, Colorado. To participate in this program, you must accept VISA cards as a method of payment. If you do not accept VISA cards, you may either contact your local bank or call Merchant Card Group at 1-800-945-4689 for information and assistance in getting set up and ready to accept our IMPAC card. If you do not wish to contact Merchant Card Group by telephone, you may fill out and mail the IMPAC Card Vendor Questionnaire (see Exhibit 5).

A third simplified acquisition method involves the use of a blanket purchase agreement (BPA). A BPA is the equivalent to our opening a charge account with you. It is designed to reduce administrative costs by eliminating the need for issuing individual purchase orders. We may establish a blanket purchase agreement with you if we will have repetitive requirements with you for given types of supplies or services. We use the Optional Form 347 to establish and document a BPA. Our blanket purchase agreements usually provide the names of HCFA personnel who are authorized to place oral orders with you; written orders of an informal or formal nature may also be used. If you accept the order, the blanket purchase agreement provides for a consolidated (normally monthly) invoice covering all purchases made in the previous billing period. Note that individual orders under a blanket purchase agreement may not exceed the SAT.

Given the new SAT, we may also use contracting methods previously unavailable for smaller acquisitions or develop innovative approaches.

SEALED BIDDING

For procurement actions over \$25,000, either the sealed bidding or contracting by negotiation method may be used. However, the Federal Acquisition Regulation requires the use of sealed bidding procedures when the following prerequisite conditions for "sealed bidding" exist:

- There is reasonable expectation of receiving more than one sealed bid;
- It is not necessary to conduct discussions with the responding offerors about their bids;
- Time permits the solicitation, submission, and evaluation of sealed bids; and
- The award will be made on the basis of price and other price-related factors.

Sealed bidding is a method of contracting that employs competitive bids, public opening of bids, and awards. We use sealed bidding when the specifications are so clearly defined that we can be sure that you will understand and be able to prepare a responsive bid. Examples of supplies that may be acquired using this method include furniture, medical and scientific equipment, fuel, automatic data processing equipment, and hundreds of other categories. Services that can be acquired through sealed bid include transportation, consulting services, certain repair and maintenance services, housekeeping services, and many other types.

Only a firm fixed-price contract or fixed-price contract with economic price adjustment clauses is used in the sealed bidding process.

SEALED BIDDING PRE-AWARD PROCESS

In order to publicize HCFA's needs under the sealed bidding process, we use an invitation for bid. An invitation for bid (sometimes referred to as an IFB) describes HCFA's requirements. The invitation for bid is then publicized in the U.S. Department of Commerce publication, Commerce Business Daily (CBD). It is also sent to the appropriate vendors on the HCFA Bidder's List to enable you to prepare and submit a bid. As a potential bidder, if you are on our bidder's list a copy of the applicable invitations will be mailed to you. If you are not on our bidder's list, but you make a timely request for a copy of an invitation advertised in the CBD, one will be provided. A copy of the invitation for bid is also posted in the main lobby of our headquarters building.

A key point to remember is that all bids must be prepared and submitted as directed in the invitation for bid. As a bidder, you are responsible for ensuring that your bid reaches the designated place before the time set for opening the bids. All bids received in response to an invitation for bid are kept in a locked box until the time designated for bid opening. At the appointed time, our designated contracting officer opens the bids and reads them aloud.

Under the sealed bidding procedure, once you submit a bid it may be withdrawn or modified prior to bid opening, but once the bids have been opened, your bid must remain firm until such time as we accept or reject it.

SEALED BIDDING AWARD PROCESS

After the bids are publicly opened, we will review each bid but will not hold a discussion with you or any of the other bidders. An award is made to the lowest priced responsible and responsive bidder. A responsive bidder is one whose bid conforms to the essential requirements of the invitation for bid. A responsible bidder is one with adequate financial resources to perform the prospective contract; is able to meet the required delivery schedule; has a satisfactory record of performance; has a satisfactory record of integrity and business ethics; has the necessary organization and business and financial systems (or the ability to obtain them) to handle the prospective contract; and has the required production, construction and technical equipment and facilities (or the ability to obtain them) to perform the work. The award is made by mailing or otherwise furnishing a properly executed award document to the successful bidder. Our awards are generally made using the Award portion of Standard Form 33, "Solicitation, Offer, and Award" (see Exhibit 6).

CONTRACTING BY NEGOTIATION

Most of our acquisitions in HCFA are made through the process of contracting by negotiation. Because of the nature of the various missions of HCFA components, our requirements often are such that it is not possible to prepare definitive specifications such as are required for sealed bids. In addition, given the nature of these requirements, awards may have to be made on the basis of factors in addition to price. These factors often relate to the proposed technical approach, and quality of the staff. Also, the requirements and the specifications for such acquisitions often result in proposals that must be clarified through discussion after they are submitted.

SOLE SOURCE

It is the basic policy of the Federal Government to promote and provide for full and open competition in soliciting offers and awarding contracts. However, under certain conditions, contracting without providing for full and open competition or full and open competition after exclusion of sources is acceptable. A contract for the purchase of supplies or services that is entered into or proposed to be entered into by an agency after soliciting and negotiating with only one source is called a "sole source acquisition." The acquisition of supplies or services by other than full and open competition cannot be justified either by lack of advance planning or by concerns related to funding availability. The contracting officer is required to document in writing the facts and reasons justifying using other than full and open competition, with a reference to the specific statutory authority cited including the facts and rationale to justify the use of the specific authority cited.

Unless exempted by regulation or statute, sole source requirements over \$25,000 will be announced in the Commerce Business Daily (CBD). According to CBD Note 22, if interested, you may identify your interest and capability to respond to the requirement or submit a proposal. Keep in mind that, this notice of intent is not a request for competitive proposals. The information received from you will be used solely for the purpose of determining whether to conduct a competitive procurement. Responses resulting from the CBD Note 22 will be evaluated and if deemed appropriate we will forward a copy of the Statement of Work to all interested parties requesting proposals. A determination by us not to compete the proposed contract based upon responses to the CBD notice is solely within the discretion of HCFA.

NEGOTIATION PRE-AWARD PROCESS

Contracting by negotiation includes several discrete steps. After a need is identified and the acquisition is planned according to the applicable policies and procedures, a synopsis of the requirement is published in the "Commerce Business Daily" to inform the contracting community of the forthcoming solicitation.

A request for proposal (sometimes referred to as an RFP) is prepared and provided to a number of sources, many of whom comprise established list of offerors and those firms that respond to the "Commerce Business Daily" synopsis. Upon receipt of the request for proposal, you should prepare and submit your proposal within the time frame specified in the request.

As stated earlier, purchases greater than \$2,500 up to the SAT (currently \$50,000) are reserved for small business concerns. However, some purchases in excess of \$50,000 are also reserved for small business concerns (on a total or partial basis) when there is a reasonable expectation that two or more small firms will submit viable proposals that may result in a reasonable price. We encourage HBCUs to submit proposals for these set asides.

Once we receive your technical proposal, it is evaluated against the technical evaluation criteria that were included in the request for proposal. Your cost proposal is evaluated also to determine whether the proposed costs and prices are reasonable, and to determine your understanding of the work and your ability to perform the contract.

A HCFA contracting officer next determines which proposals are in the competitive range for the purpose of conducting written or oral discussions. The competitive range determination is made on the basis of cost or price and technical factors. Proposals are included in the competitive range when they have a reasonable chance of being selected for award.

If your proposal is in the competitive range, we will conduct an oral or written discussion with you and the other offerors in the competitive range. During these discussions, we will attempt to resolve uncertainties concerning the technical proposals and will provide you and the other offerors with a reasonable opportunity to submit cost or price, or technical revisions to the proposals as a result of the discussion.

NEGOTIATION AWARD PROCESS

After discussions are concluded, a HCFA contracting officer issues a request for "best and final offers" (sometimes referred to as a BAFO) from all offerors in the competitive range.

Usually, no further discussions are held although we have the right to reopen discussions and to request additional "best and final offers."

The next step is the final evaluation of "best and final offers" and selection of the source to perform the contract. Selection is made of that source whose best and final offer is most advantageous to HCFA considering price and other factors included in the solicitation.

Next, if you are selected, a HCFA contracting officer transmits the contract award package to you for signature. You then sign and return the contract to the HCFA contracting officer, who signs the contract for HCFA. The contract becomes effective on the date signed by the contracting officer, unless otherwise specified in the contract.

Finally, a copy of the fully executed contract is forwarded to you. When a contract is awarded on the basis of other than price alone, unsuccessful offerors, upon their written request, will be debriefed and furnished the basis for selection decision and contract award. These awards are made using Standard Form 26, "Award/Contract" (see Exhibit 7).

SEALED BIDDING/NEGOTIATION POST-AWARD PROCESS

The post-award process does not vary based on the contracting method (sealed bidding vs. contracting by negotiation) but rather based on considerations such as the type of contract, the goods or services being acquired and the type of entity.

PAYMENT

HCFA has an obligation to pay you for supplies or services delivered or performed. Under a fixed-price contract, the exact amount to be paid is stated in the contract. Under a cost-reimbursement contract, although your contract contains a budget, HCFA is only obligated to pay you for reasonable, allowable, and allocable costs incurred in performing the work. The cost principles in OMB Circular A-21, "Cost Principles for Educational Institutions" apply.

Current HHS policy provides for withholding of payment under any contract whenever and for so long as a contractor:

- Is overdue in submitting any report;
- Fails to perform or deliver work or services required by the contract.

In such cases the contracting officer will issue a 10-day notice for the contractor to take corrective action.

If you have a cost-reimbursement contract you should submit a monthly invoice or voucher with documentation supporting the costs claimed. Advance payments may be authorized for a cost-reimbursement contract to an educational institution.

Under a fixed-price contract, payments may be made in the following ways if stated in the contract:

- A single payment upon completion and acceptance of all work under the contract;
- Partial payments upon partial delivery and acceptance;
- Progress payments;
- Advance payments.

The Health Care Financing Administration utilizes the electronic funds transfer method to process payments to you through the Automated Clearing House (ACH) network. Payments are directly deposited into accounts at the contractor's financial institution via the ACH network.

Under the Prompt Payment Act, payments under fixed-priced contracts must be made in 30 days of receiving a proper invoice or 30 days after accepting supplies or services, whichever is later. Although not required by law, HCFA also strives to make payments under cost-reimbursements contracts within 30 days.

PROPERTY

Normally, you are required to furnish all property necessary to perform our contracts. However, sometimes it is in our best interest (e.g., if providing Government property saves HCFA money) to provide property, material, or supplies for your use. You may also be authorized to purchase property under your contract using Federal funds. Usually title to such property vests in the Federal Government. You are responsible for the proper maintenance and control of HCFA property provided under a contract in accordance with requirements specified in the HHS publication, "Contractor's Guide for Control of Government Property."

You may be liable for HCFA property in your possession, subject to the terms of the contract. You may be liable when government property is missing, damaged or stolen, or when there is evidence of improper or unreasonable consumption.

CONTRACT CLOSEOUT

A contract is physically complete when all required items are delivered and/or services have been performed and accepted. A contract is administratively complete when all audits, releases, and payments are finalized and the required documentation has been received.

AUDITS OF NONPROFIT INSTITUTIONS

If awarded a cost-reimbursement type contract you are subject to audit requirements in accordance with the provisions of OMB Circular A-133, "Audits of Institutions of Higher Education and Other Nonprofit Institutions."

SECTION II GRANTS/COOPERATIVE AGREEMENTS

THE HCFA GRANT/COOPERATIVE AGREEMENT PROCESS

The Federal Grant and Cooperative Agreement Act of 1977 requires executive agencies to use grants or cooperative agreements for specified types of assistance relationships. Grants are used for all assistance actions when no substantial involvement is anticipated between HCFA and the recipient during performance. Cooperative agreements are used for all assistance actions when substantial involvement is anticipated between HCFA and the recipient during performance. In this section we are going to discuss the HCFA grant/cooperative agreement process, including how to identify grant/cooperative agreement opportunities, grant funding, grant pre-award, grant award and grant post-award activities.

HOW TO IDENTIFY GRANT/COOPERATIVE AGREEMENT OPPORTUNITIES

A key to marketing yourself to HCFA is the ability to locate the available grant/cooperative agreement opportunities. To assist you in this endeavor, we are going to discuss how to locate HCFA's grant/cooperative agreement opportunities by reading the Catalog of Federal Domestic Assistance, and the Federal Register. In addition, we will introduce you to GrantsNet, an new interactive tool for finding and exchanging information about HHS' grant programs.

CATALOG OF FEDERAL DOMESTIC ASSISTANCE

One key way to locate grant/cooperative agreement opportunities in HCFA is through the "Catalog of Federal Domestic Assistance (CFDA)." The CFDA is a useful source of comparative information on assistance programs throughout the Federal Government. Our Health Care Financing, Research, Demonstration, and Evaluation Program (Program Number 93.779) is described in the CFDA. The CFDA is compiled and published annually by the Office of Management and Budget in the Executive Office of the President. You can purchase a subscription directly from the Government Printing Office. For further information, contact:

Superintendent of Documents
Attn: New Orders
Box 371954
Pittsburgh, PA 15205-7954

or any of the U.S. Government Bookstores located in major cities throughout the nation.

Telephone orders can be made with a credit card by dialing:

(202) 512-1800 (voice)
(202) 512-2250 (fax)
(202) 512-2265 (TDD)

The CFDA subscription price is \$53.00 per year.

FEDERAL REGISTER

A second key way to locate grant/cooperative agreement opportunities in HCFA is through the Federal Register. The Federal Register provides a uniform system for making available to the public regulations and legal notices issued by Federal agencies. HCFA publishes program announcements for grants and cooperative agreements to be awarded during the fiscal year in the Federal Register. These program announcements are published at least 60 days before the deadline for submitting applications. If a program announcement is very long, the Federal Register publication may be limited to portions of the program announcement sufficient to tell you whether (and how) to request a complete program announcement.

All program announcements include at least the following information, as applicable:

- The Federal Domestic Assistance Catalog number of the program;
- An estimate of how much money may be available for competing awards, and the expected size of the award, broken down by subprogram or priority area when appropriate;
- Who is eligible;
- The kinds of projects that are eligible;
- Where to submit applications;
- The deadline for submitting applications and how to meet it; and
- A statement indicating whether applications are, or are not, subject to review by States under Executive Order 12372 and 45 CFR Part 100.

For further information, contact:

Superintendent of Documents
Attn: New Orders
Box 371954
Pittsburgh, PA 15205-7954

or any of the U.S. Government Bookstores located in major cities throughout the nation. Telephone orders can be made with a credit card by dialing:

(202) 512-1800 (voice)
(202) 512-2250 (fax)
(202) 512-2265 (TDD)

The Federal Register subscription price is \$544 per year.

GRANTSNET

A third key way to locate grant/cooperative agreement opportunities in HCFA is currently under development. It is called GrantsNet.

WHAT IS GRANTSNET?

GrantsNet is an interactive network-based tool for finding and exchanging information about the Department of Health and Human Services (HHS) and selected other government grant programs. It is part of the national effort towards providing on-line resources to the general public in an easily accessible and meaningful manner. GrantsNet is a free, public-access computer network serving the:

- Grantee Community - prospective applicants and other interested parties, e.g., research administrators, project directors, business officers from nonprofit organizations, educational institutions, commercial businesses, and State and local governments.
- Grant-Makers - program and grants management staff in Federal, State, and local governments, as well as other private sponsors of financial assistance.

GrantsNet - Access

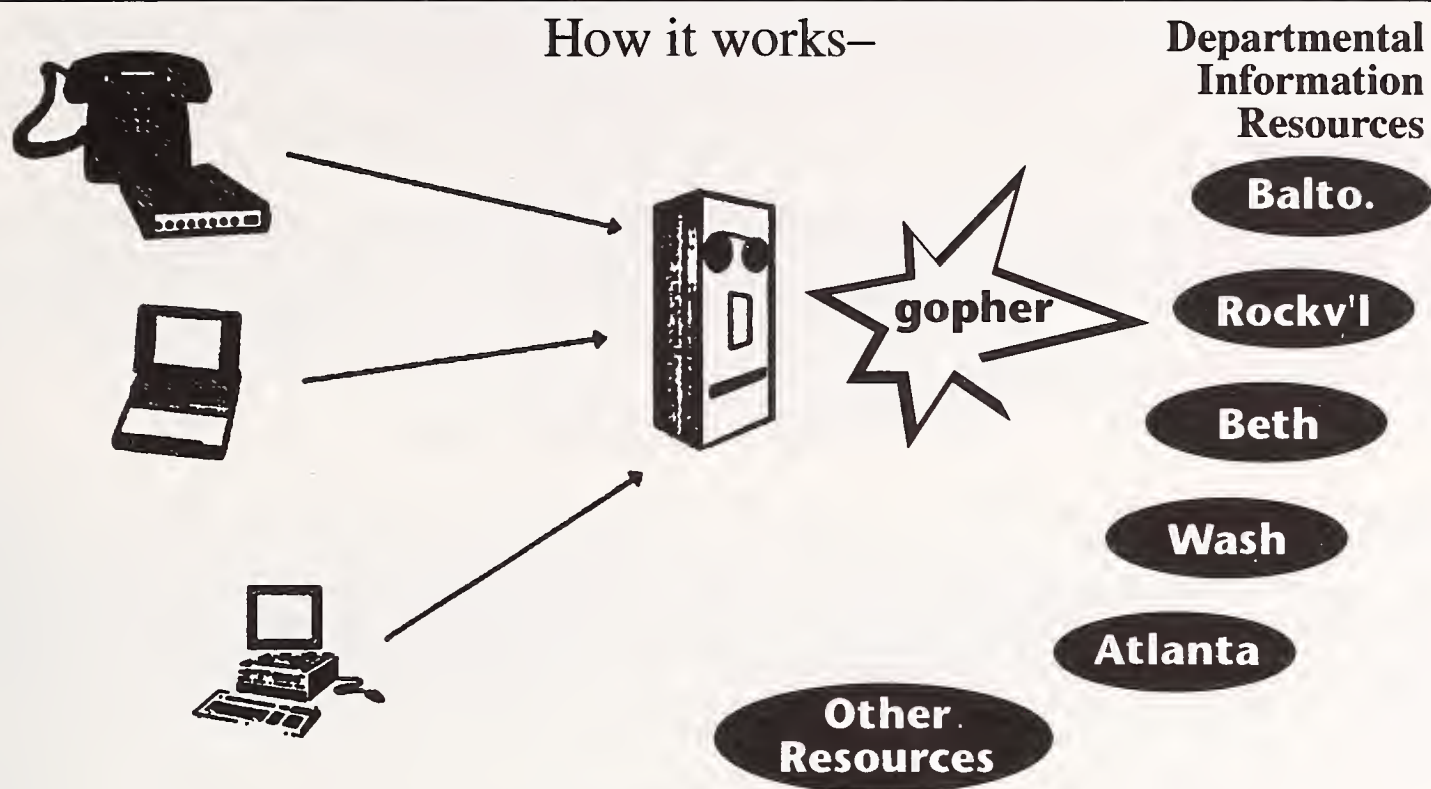


Figure 1.

Anyone having a personal computer with internet capability will be able to access GrantsNet. Grant program information and resources will be provided in two ways: 1) an on-line information reference service; and 2) an interactive electronic mailing list service.

ACCESSING THE GRANTSNET ON-LINE INFORMATION REFERENCE SERVICE ON THE HHS GOPHER/WEB SERVERS

To use the system, you need to have internet and gophering capability.

Set your gopher host connection to: `gopher.os.dhhs.gov` at Port 70. GrantsNet can be located under the menu "HHS Resources by Topic." Or, if you prefer, simply use Veronica to search for the GrantsNet gopher site. In either case, once you have found GrantsNet you should create a bookmark of the site in order to more easily access it in subsequent gophering sessions.

GrantsNet can also be accessed through the HHS Home Page on our World Wide Web (www). The URL connection is: `http://www.os.dhhs.gov`.

FOR FURTHER INFORMATION

To be placed on a mailing list for receiving news and updates on GrantsNet, send your name, organization, mailing address, internet address, and phone number to:

Suzanne M. Neil
GrantsNet Core Team Chair
Internet: `gnet@os.dhhs.gov`

GRANT FUNDING

The annual budgets available to fund new grants and cooperative agreements for research and demonstration projects vary from year-to-year. However, individual awards range from \$100,000 to \$350,000 per year for 1 to 3 years. We also may award some projects for larger amounts. The number of grants and cooperative agreements depends on the availability of funds; needs of projects that are continuing from prior years; priority areas; and the technical quality of applications.

Generally, we fund multi-year projects in annual increments. Most multi-year projects do not have to re compete each year. Competing only once for a multi-year period of support avoids the expense and uncertainty of competing annually, and permits both the awardee and the granting agency to plan for future years reliably. In addition, by funding incrementally, the government retains its prerogative to discontinue support during the project period, if 1) funds are not available; 2) the grantee's performance is unsatisfactory; or 3) if program priorities change.

GRANTS PRE-AWARD

The public portion of the grant/cooperative agreement process begins when HCFA publishes a program announcement in the Federal Register. It continues with your request for an application, the preparation and submission of the application, and the review and evaluation of the submission, and culminates with HCFA awarding a grant or cooperative agreement if your proposal is selected for award.

HOW TO APPLY FOR A GRANT/COOPERATIVE AGREEMENT

To obtain the Standard Application Forms and related instructions please call (410) 786-6120, or you may send your request in writing to:

Health Care Financing Administration
Office of Financial and Human Resources
Office Of Acquisition and Grants
Attn: Grants Management Officer
Central 2-21-15
7500 Security Boulevard
Baltimore, Maryland 21244-1850

A Grants Management Officer is also available at (410) 786-5161 to answer questions and to provide guidance regarding completion of the application forms.

To be considered for an award, you must complete and submit an application. Applications must be typewritten. The narrative portion of your application should not exceed the specified number of typewritten double-spaced pages. Additional documentation may also be submitted, but such material should be limited to information relevant to the specific scope and purpose of the proposed project. The application kit we send you (see Exhibit 8) will contain the following items:

- Grant Application Guidelines Checklist
- Cover Page (Standard Form 424 with instructions)
- Suggested Budget Format (SF 424A with instructions)
- Assurances - Non-Construction Programs (SF 424B)

- Additional Assurances
- Project Narrative Suggestions for Writing a HCFA Cooperative Agreement/Grant Proposal (Although the outline suggested in Exhibit 9 is not an absolute requirement, it is a commonly used guide for HCFA proposals.)
- Biographical Sketch (suggested format)
- Title 45 CFR Part 74, "Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Non-Profit Organizations, and Commercial Organizations; and Certain Grants and Agreements with States, Local Governments, and Indian Tribal Governments"

SUBMITTING YOUR APPLICATION

An original application, signed by an authorized official of your college or university who has the authority to bind your institution, and at least two (2) copies of the application must be submitted by the date specified in the program announcement. Additional copies, up to a maximum of 10, will assist in processing of the application. The application, and copies, should be sent to the address provided above in the section on How to Apply for a Grant/Cooperative Agreement.

Applications which are mailed through the U.S. Postal Service or commercial delivery service will be "on time" if they are received on or before the closing date, or were sent on or before the closing date and are received in time for submission to the technical review panel. Please request a legible U.S. Postal Service postmark or obtain a legibly dated receipt from the commercial carrier or the U.S. Postal Service. Privately metered postmarks will not be acceptable as proof of timely mailing. If your application does not meet the above criteria it will be considered a late application. If you submit a late application, you will be notified that the application was not considered in the current competition. Submission of applications by facsimile (FAX) transmission will not be accepted.

HCFA may extend the deadline for all applicants because of acts of God such as floods, hurricanes, etc., or when there is widespread disruption of the mails.

CRITERIA FOR SCREENING AND REVIEWING APPLICATIONS

In order for your application to be considered, you must meet all of the screening requirements listed in the grant/cooperative agreement announcement, e.g., eligibility, etc. If your application does not meet the stated requirements, it will not receive further review by a HCFA review panel.

If it passes the initial screening, your application will be reviewed by a technical review panel composed of at least three individuals. Reviewers score the application using the criteria (and the relative weights) specified in the announcement, e.g., project methodology/design; knowledge, experience, capability in area; level of effort; and project objectives and expected outcomes.

- Although the recommendation of the technical review panel is a major factor in making the decision about your application, scores and panel recommendations are not the only factors. The compatibility of your application with our priorities as judged by HCFA management, the availability of funds and the comments of other HCFA and departmental staff are considered in making the funding decision.

GRANTS AWARD PROCESS

Once the funding decision is made, we will send you an award letter, a copy of 45 CFR Part 74 and a Notice of Grant Award (NGA) (see Exhibit 10). The NGA serves as your official notification and as such it will contain the budget and project periods, the budget amount, plus the terms and conditions which define the nature, character, and the extent of anticipated federal involvement if it is a cooperative agreement. The award is subject to our receiving, within 30 days of the date of the award letter, notification of your acceptance of the terms and conditions of the grant.

Upon notification of award, you should pay particular attention to the project and budget periods. The project period will tell you the length of the project, and the budget period will tell you how the project is funded — for the entire project period or in increments (called budget periods). You should be aware that a project may have a project period of one (1) to three (3) years. However, a budget period is generally 12 months long, but it may vary under special circumstances.

GRANTS POST-AWARD PROCESS

Upon receipt of your NGA, you will find that your post-award responsibilities are delineated in both the terms and conditions and 45 CFR Part 74, Subpart C. Some of these responsibilities pertaining to financial and program management, methods for making payment, property management and accountability and non-Federal audits are discussed below.

FINANCIAL AND PROGRAM MANAGEMENT

You are responsible for employing sound management practices to ensure that project objectives are met and that project funds are properly used. Towards that end, you must have a financial management system that meets the standards and requirements set forth in 45 CFR Part 74.21. In addition, you must provide a financial status report, using the Standard Form 269A (see Exhibit 11), 90 days after the end of each budget period. All applicable standard instructions issued by OMB for use in connection with this form should be followed. Final financial status reports are due 90 days after the expiration or termination of grant support. Due dates can be extended at the discretion of the project officer.

In addition, you are responsible for monitoring all activities performed in accordance with the terms of the grant. You should review each project to assure that adequate progress is being made towards achieving the goals of the grant.

Annual performance reports are to be submitted to us within 90 days after the end of the budget period. Quarterly or semi-annual reports, if required, are due 30 days after the end of the reporting period. They should adhere to all of the requirements spelled out in the NGA.

PAYMENT

Generally grantees are paid in advance. The Department of Health and Human Services (HHS), Division of Payment Management (DPM) is using two methods to process payments through the Payment Management System (PMS), to grantees. The first payment process is **SMART LINK II**, and the second is **CASHLINE**. DPM also has an emergency payment process called **FEDWIRE**.

Smart Link II is the most popular because of its turnaround capabilities. Smart Link II lets the recipient request funds from his/her personal computer. Once you receive your software package from DPM, and sign up for direct deposit at your participating bank, your funds can be available within one business day. (see Figure 2)

SMARTLINK II/ACH-DIRECT DEPOSIT

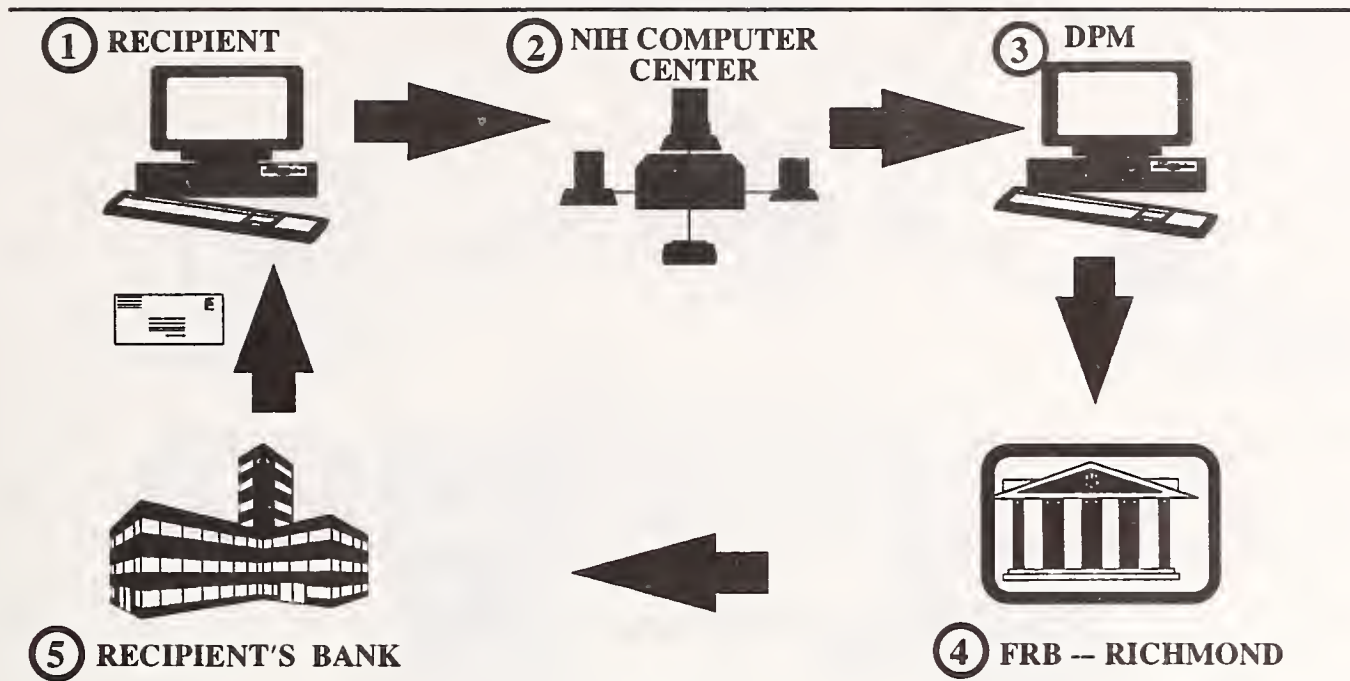


Figure 2.

Cashline is not as popular, but basically works the same way, except for the turnaround time and the mode of accessibility. Cashline allows a recipient to use a touch-tone telephone to dial directly into "Voice Response" computer located in Rockville, Maryland to request funds. The funds can then be electronically deposited on the next business day at the financial institution of their choice, or be mailed via U.S. Treasury check to the recipient within a week.

All recipient organizations are not eligible for Cashline. DPM will inform you if you are not eligible. (see Figure 3)

CASHLINE/ACH-DIRECT DEPOSIT

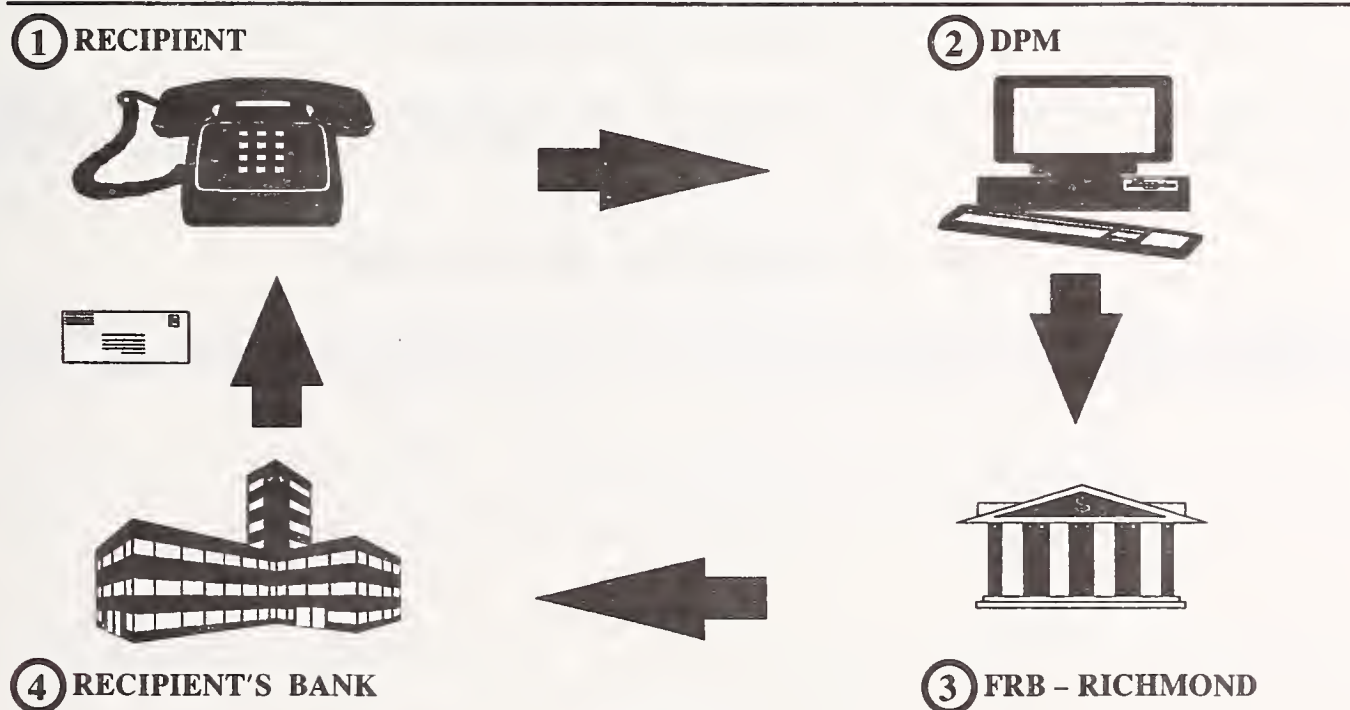


Figure 3.

FEDWIRE is a back up system which provides emergency same day service to the recipient. The recipient must contact his/her PMS account representative via telephone. The transaction is processed manually making it very expensive. In order to receive same day service the recipient must call NLT 1:00 p.m. EST. (see Figure 4)

FEDWIRE

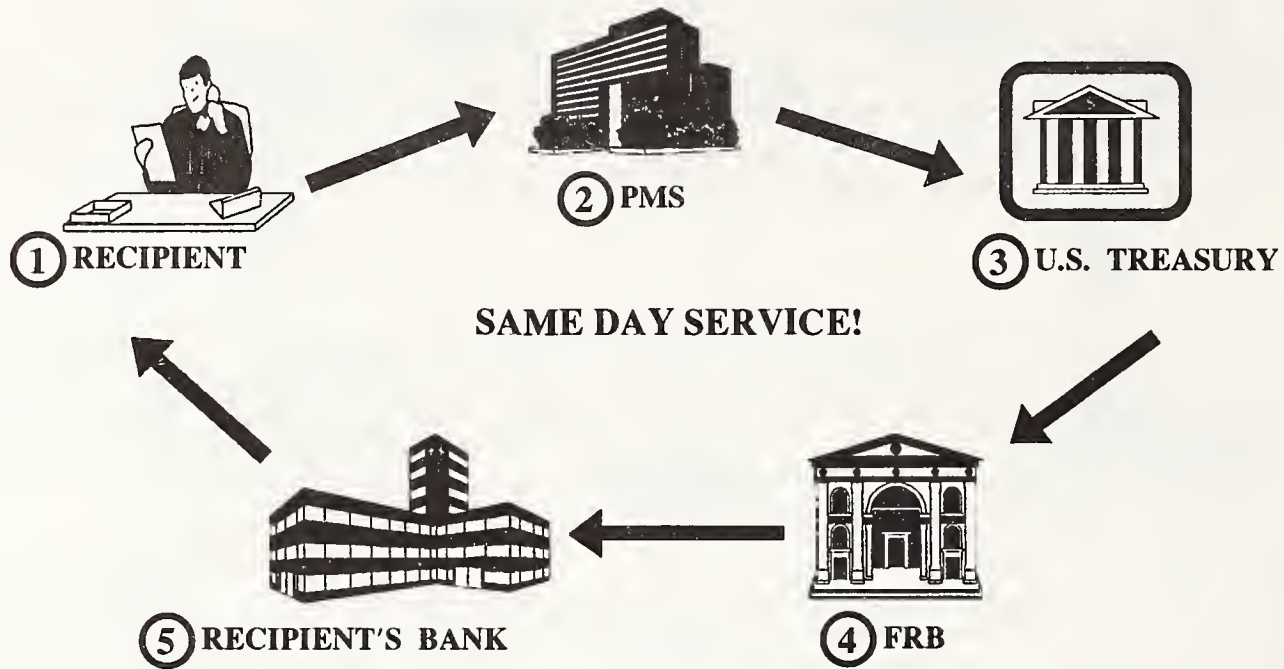


Figure 4

PROPERTY

As the grantee, you are responsible for property management and accountability. Generally you may use your own property management procedures provided they observe the requirements stated in 45 CFR Part 74 where applicable. You can retain the title to equipment and supplies purchased with Federal funds, providing you abide by the rules and regulations stated in 45 CFR Part 74.

Real property may only be acquired when authorized by program legislation, and when specifically provided for in the grant award. Currently, we have no grants allowing for the acquisition of real property.

AUDITS OF NONPROFIT INSTITUTIONS

As a grantee or subgrantee, you should be aware that you are subject to the audit provisions contained in OMB Circular A-133, "Audits of Institutions of Higher Education and Other Nonprofit Institutions."

APPENDICES



**LET'S
DO
BUSINESS**

APPENDIX A

GLOSSARY

Acquisition: The acquiring by contract with appropriated funds of supplies and services by and for the use of the Federal Government through purchase or lease, whether the supplies or services are already in existence or must be created, developed, demonstrated, and evaluated.

Application: Generally, a request for financial support of a project submitted to HCFA on specified forms and in accordance with instructions provided by the HCFA awarding office.

Bid: A prospective contractor's reply to the solicitation form used for sealed bid procurement (IFB). Needs only the Government's acceptance to constitute a binding contract.

Bidder: The firm submitting a bid is termed a bidder.

Budget Period: The intervals of time into which a multi-year period of assistance (project period) is divided for budgetary and funding purposes. Budget periods are usually 12 months long but may be shorter or longer, if appropriate.

Contract: A mutually binding legal relationship obligating the seller to furnish the supplies or services and the buyer to pay for them.

Cooperative Agreement: An award instrument of financial assistance where "substantial involvement" is anticipated between the HCFA awarding office and the recipient during performance of the contemplated project. "Substantial involvement" means that the recipient can expect Federal programmatic collaboration or participation in managing the award.

Federal Acquisition Regulation (FAR): The basic document governing Federal agency acquisitions. The FAR contains legal requirements, regulations, and policies that bear on contracting.

Grant: Financial assistance in the form of money, or property in lieu of money, by the Federal Government to an eligible recipient, to accomplish a public purpose of support or stimulation, authorized by Federal statute.

Grantee (or Recipient): The entity receiving financial assistance directly, in the form of a grant or cooperative agreement, from HCFA to carry out a project.

HHS Acquisition Regulation (HHSAR): The HHS regulation applicable to HHS acquisition activities that implements and supplements the FAR.

Invitation for Bid (IFB): Solicitation document used in sealed bidding.

Medicaid: A Federal/State matching entitlement program which provides medical assistance for certain individuals and families with low income and resources. Medicaid is the largest program providing medical and health-related services to America's poorest people (Title XIX of the Social Security Act).

Medicare: A federal health insurance program for people 65 or older, people of any age with permanent kidney failure, and certain disabled people under 65. It is administered by HCFA (Title XVIII of the Social Security Act).

Medigap: Medicare supplemental insurance which pays some of the amounts that Medicare does not pay for covered services and may pay for certain services not covered by Medicare.

Negotiation: Contracting through the use of either competition or other-than-competitive proposals and discussions. Any contract awarded without using sealed bidding procedures is a negotiated contract.

Nonprofit Organization: A corporation or association whose profits may not lawfully accrue to the benefit of any private shareholder or individual.

Notice of Grant Award (NGA): The official award document that (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Offer: A proposal by one person to another which is intended of itself to create a binding legal relationship on acceptance by the person to whom it is made.

Peer Review Organizations (PRO): Groups of doctors in each State who are paid by Medicare to review hospital care for Medicare patients.

Program Announcement: HCFA's formal published announcement of the availability of Federal funding through its assistance program.

Project Period: The total time stated in the Notice of Grant Award (including any amendments) for which Federal support is recommended. The period will consist of one or more budget periods. It does not constitute a commitment by the Federal Government to fund the entire period.

Property: The term includes real property, equipment, intangible property and debt instruments.

Purchase Order (PO): Used to purchase supplies and nonpersonal services when the aggregate amount involved in any one transaction does not exceed \$25,000.

Responsible: A term used to indicate that a contractor has the financial resources, personnel, facilities, integrity, and overall capability to complete a Government contract successfully.

Request for Proposal (RFP): A document prepared by HCFA which conveys the information that prospective offerors need to prepare a proposal. The RFP includes the statement of work and the terms, conditions and provisions that will form the basis for the final definitive contract.

SADBUS: The Small and Disadvantaged Business Utilization Specialist who administers HCFA's socioeconomic programs related to acquisition.

Sealed Bidding: The method of Government contracting which involves sealed bids, public opening, and award to the lowest priced responsive and responsible bidder.

Set-Aside: The restricting of certain acquisitions to response by a specific group of sources.

Terms and Conditions: All requirements imposed on a grantee (recipient) by the HCFA, whether by statute, regulation, or within the grant award document.

APPENDIX B

PRIMARY REFERENCES

ACQUISITION REFERENCES

- Federal Acquisition Regulation (FAR), Title 48, Chapter 1, Code of Federal Regulations
- Federal Property Management Regulations (FPMR), Title 41, Chapter 101, Code of Federal Regulations
- HHS Acquisition Regulation (HHSAR), Title 48, Chapter 3, Code of Federal Regulations

GRANT/COOPERATIVE AGREEMENT REFERENCES

- Federal Grant and Cooperative Agreement Act of 1977, P.L. 95-224, as amended
- 45 CFR Part 16, Procedures for the Departmental Grant Appeals Board
- 45 CFR Part 74, Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Non-Profit Organizations; and Certain Grants and Agreements with States, Local Governments, and Indian Tribal Governments
- 45 CFR Part 76, Governmentwide Debarment and Suspension (Nonprocurement) and Governmentwide requirements for Drug-Free Workplace (Grants)
- OMB Circular A-21, Cost Principles for Educational Institutions
- OMB Circular A-89, Federal Domestic Assistance Program Information
- OMB Circular A-110, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations
- OMB Circular A-133, Audits of Institutions of Higher Education and Other Non profit Institutions
- HHS Grants Administration Manual



**LET'S
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APPENDIX C

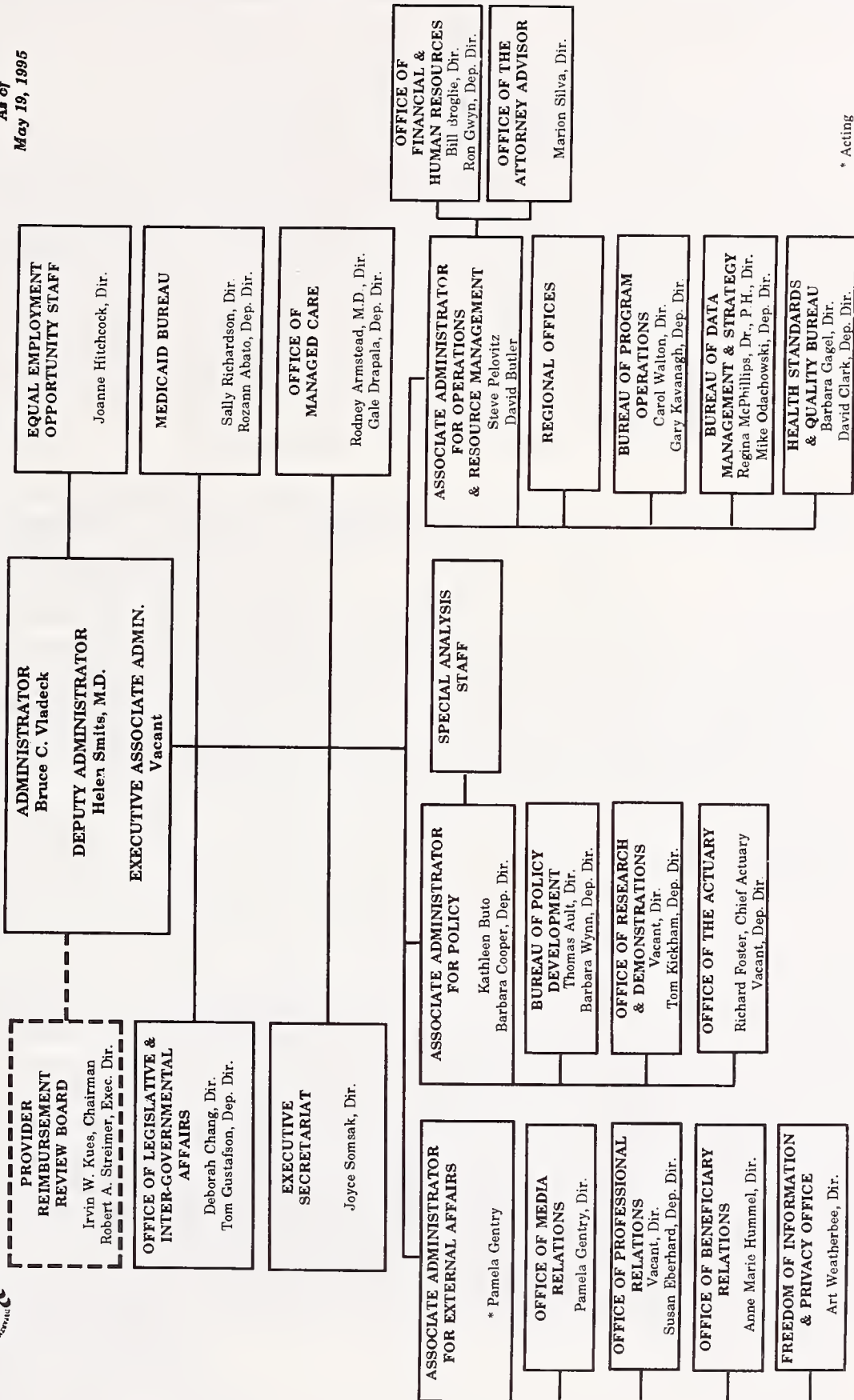
HEALTH CARE FINANCING ADMINISTRATION
 DIRECTORY OF PRINCIPAL ORGANIZATIONS



DEPARTMENT OF HEALTH AND HUMAN SERVICES
 HEALTH CARE FINANCING ADMINISTRATION

APPROVED
 LEADERSHIP

As of
 May 19, 1995



* Acting

HEALTH CARE FINANCING ADMINISTRATION

OFFICE OF THE ADMINISTRATOR

FA Administrator, Bruce C. Vladeck, 314G HHH(202) 690-6726
Central 5-26-15(410) 786-3152
Deputy Administrator, Helen L. Smits, M.D.
310G HHH(202) 690-5727
Central 5-25-25 (410) 786-3156

PROVIDER REIMBURSEMENT REVIEW BOARD (PRRB) (FA-1)

The Provider Reimbursement Review Board (Board), after determining that it has jurisdiction, conducts hearings to resolve disputes on cost reimbursement and prospective payment submitted by Medicare providers under Section 1878 of the Social Security Act. Upon the completion of these hearings, the Board renders impartial decisions on these appeals. This is the initial step in the judicial review process.

FA-1 Chairman, Irvin Kves, Central 1-09-18(410) 786-5591
Executive Director, Robert Streimer,
Central 1-09-18(410) 786-8475

EQUAL EMPLOYMENT OPPORTUNITY STAFF (EEOS) (FA-3)

Provides principal advisory services to the Administrator concerning equal employment opportunity (EEO) and civil rights policies and programs. Develops EEO and voluntary civil rights compliance policy for HCFA and assesses the Agency's compliance with applicable equal opportunity statutes, executive orders, regulations, and policies. Identifies policy and operational issues and proposes solutions for resolving these issues. Serves as the central liaison point with the Department on EEO and civil rights issues. Coordinates the development of HCFA affirmative EEO plans and evaluates their implementation by HCFA components. Promotes EEO special emphasis programs and activities affecting the concerns of minority groups, women, and individuals with disabilities. Provides for conciliation and adjudication of informal and formal discrimination complaints by means of EEO counseling, formal hearings, issuance of final decisions, etc. Manages, coordinates, and monitors HCFA's equal employment opportunity activities working directly with bureau and office personnel.

FA-3 Director, Joanne Hitchcock,
North 2-22-17(410) 786-5110

EXECUTIVE SECRETARIAT (ES) (FA-4)

Assists the HCFA Administrator in the resolution of agency program and administrative policy matters through memoranda, action documents, or correspondence. Monitors HCFA performance in developing necessary documents for the Administrator's review. Manages the clearance system and reviews documents for consistency with the Administrator's and Secretary's assignments, previous decisions on related matters, and editorial standards. Facilitates the resolution of issues connected with matters forwarded to the Administrator. Operates the agency-wide correspondence tracking and control system, and provides guidance and technical assistance on standards for content of correspondence and memoranda. Serves as a primary focal point for liaison with the Executive Secretariat in the Office of the Secretary on HCFA correspondence and special administrative matters.

FA-4 Director, Joyce G. Somsak, 309G HHH (202) 690-8678
Central 5-14-17 (410) 786-5221

OFFICE OF LEGISLATIVE AND INTER-GOVERNMENTAL AFFAIRS (OLIGA) (FAA)

The Office of Legislative & Inter-Governmental Affairs provides leadership and executive direction within HCFA for legislative planning and congressional and intergovernmental affairs. Develops and evaluates recommendations concerning legislative proposals for changes in health care financing. Develops the long-range HCFA legislative plans. Coordinates activities with the Office of the Assistant Secretary for Legislation (ASL) and serves as the ASL's principal contact point on legislative and congressional relations, and intergovernmental affairs. Manages HCFA involvement in congressional hearings. Provides technical, analytical, and advisory services to HCFA components, to the Department, to other elements of the Executive Branch, and other government agencies interested in health care financing legislation, congressional relations, and intergovernmental affairs. In conjunction with the ASL, provides information services to congressional committees, individual Congressmen, and private organizations on health care financing legislation. Provides leadership for HCFA in the area of intergovernmental affairs. Advises the Administrator on program matters which affect other units and levels of government. In coordination with the Department's Intergovernmental Affairs' office, the Regional Directors, and other HCFA offices, meets with key State and local officials in order to strengthen HCFA's relationships with other governmental jurisdictions and to resolve sensitive intergovernmental problems and issues. Reviews and consults with State and local officials regarding proposed HCFA policy and operational issuances. Assists States and localities in requesting and obtaining technical materials, assistance, and support from appropriate HCFA components. Upon State requests, coordinates the exchange of HCFA staff with State and local agencies. Develops and provides briefings on intergovernmental affairs issues for HCFA staff. Briefs State and local agencies on HCFA's mission, organization, and functions.

FAA Director, Deborah Chang, 341H HHH(202) 690-5960
Deputy Director, Thomas Gustafson, 341H HHH(202) 690-5500

MEDICAID BUREAU (MB) (FAB)

Directs the planning, coordination, and implementation of the Medicaid program under Title XIX of the Social Security Act and related statutes, as amended, except for Medicaid managed health care. Formulates, evaluates, and prepares policies, specifications for regulations, instructions, pre-prints and procedures related to Medicaid eligibility, coverage, and payment activities; makes recommendations for legislative changes; and, reviews State plan amendments and makes recommendations on approvals/disapprovals. Oversees, coordinates, processes and assesses the operation of State Medicaid Home and Community-Based Services Waivers. Administers the State grants process for administrative and program payments, including budget preparation by States. Provides Medicaid payment policy for administrative costs, availability of Federal Financial Participation (FFP) and designation of appropriate FFP rates. Develops and monitors planning, development and implementation of Medicaid program operations in regional offices and State Medicaid agencies. Develops and promulgates policies and procedures for the proper maintenance, review, and approval of State plans and their amendments. Monitors State compliance with State plan and oversees the compliance process. Develops requirements, standards, procedures, guidelines, and methodologies pertaining to the review and evaluation of State agencies' automated systems. Develops, operates, and manages a program for the performance evaluation of Medicaid State agencies and fiscal agents. Implements Medicaid maternal and infant health initiative and the Early and Periodic Screening, Diagnostic, and Treatment program through coordination of HCFA resources and activities with those of the Public Health Service and other national organizations, monitoring program performance, effective interagency and inter-program liaison, guidance, and technical assistance. Provides technical assistance to States, regional offices, and other interested groups in all special Medicaid initiatives. Coordinates with HCFA's Office of Legislative and Intergovernmental Affairs on all issues that affect States. Coordinates with the Office of Research and Demonstrations HCFA review and management of State waiver requests and projects.

FAB Director, Sally K. Richardson,
Central 4-25-14(410) 786-3870
Deputy Director, Rozann Abato,
Central 4-24-07(410) 786-3230

OFFICE OF MANAGED CARE (OMC) (FAC)

Provides national direction and executive leadership for managed health care operations, including health maintenance organizations (HMOs), prepaid health plans (PHPs), primary care case management programs, comprehensive medical plans (CMPs), and other capitated health organizations. Serves as the departmental focal point in the areas of managed health care plan qualification, including quality assurance, on-going regulation, State and employer compliance efforts, Medicare and Medicaid HMO, Medicare CMP contracting and Medicaid freedom of choice waivers. Develops national managed care policies and objectives for the development, qualification, and ongoing compliance of HMOs and CMPs. Plans, coordinates, and directs the development and preparation of related legislative proposals, regulatory proposals, and policy documents. Formulates, evaluates, and prepares policies, specifications for regulations, instructions, pre-prints, and procedures related to managed health care. Makes recommendations for legislative changes to improve managed health care program policy.

FAC Director, Rodney C. Armstead, M.D., 4360 COHEN(202) 619-0815
Deputy Director, Gale A. Drapala, South 3-26-17(410) 786-8477

OFFICE OF THE ASSOCIATE ADMINISTRATOR FOR EXTERNAL AFFAIRS

FC Acting Associate Administrator, Pamela Gentry,
307H HHH(202) 690-8390

OFFICE OF MEDIA RELATIONS (OMR) (FCA)

Plans, directs and coordinates the public affairs activities of HCFA including: speech writing, public appearances, Administrator’s meetings, special Associate Administrator for External Affairs (AAEA) projects as well as conducting evaluations and analysis. Provides advice and counsel from a public affairs perspective to the AAEA and all HCFA components.

FCA Director, Vacant,
423H HHH(202) 690-6113

OFFICE OF PROFESSIONAL RELATIONS (OPR) (FCB)

Directs and implements HCFA policies, rules, and procedures in the areas of liaison with external medical, dental, and allied health practitioners, institutional providers of health services, and business and academic institutions responsible for the education of health care professionals.

FCB Director, Pamela Gentry, 425 HHH(202) 690-7874
Deputy Director, Vacant, 423 HHH(202) 690-7874

OFFICE OF BENEFICIARY RELATIONS (OBR) (FCC)

Provides advisory services to the Associate Administrator for External Affairs and HCFA components concerning the services for, needs of, and initiatives relating to HCFA beneficiaries. Promotes an awareness of the concerns of the children, the elderly, and needy among the HCFA components responsible for developing program policies, regulations, and legislative proposals. Analyzes the impact of proposed HCFA policies, regulations, and instructions on beneficiaries. Maintains close working relationships with HCFA central and regional components, the Social Security Administration District Offices, the Public Health Service, other Federal agencies, State agencies, and beneficiary consumer groups to identify and assess the need for information, benefits and services, the impact of proposed HCFA actions, and the effects that operating systems and programs have on the health care system programs and current and future beneficiaries. Presents the overall HCFA mission and promotes its acceptance by beneficiaries and representatives of their constituent organizations. Participates with other HCFA components in the development and implementation of program objectives and strategies pertaining to beneficiary services. Through direct contact with children, the elderly, the needy and/or their representative groups determines their understanding of HCFA's programs and services and conveys this information to HCFA components. Responds to beneficiary referrals concerning accessing and utilizing the Agency's health care financing programs. Plans, directs, and coordinates the production of radio, television, and film products, and the preparation of general-purpose publications. Reviews and clears all print, audiovisual, and exhibit plans and material intended for external dissemination and serves as clearance liaison with the Office of the Secretary, Office of the Assistant Secretary for Public Affairs.

FCC Director, Anne Marie Hummel,
Central 2-26-22(410) 786-3206

FREEDOM OF INFORMATION AND PRIVACY OFFICE (FCE)

Administers the Freedom of Information Act and Privacy Act responsibilities for HCFA.

FCE Director, Arthur Weatherbee,
Central 2-26-21(410) 786-5353

OFFICE OF THE ASSOCIATE ADMINISTRATOR FOR POLICY

FK Associate Administrator, Kathleen A. Buto
325H HHH(202) 690-8390
Central 5-22-17(410) 786-4159
Deputy Associate Administrator, Barbara S. Cooper,
325H HHH(202) 690-7063
Central 5-21-17(410) 786-4161

SPECIAL ANALYSIS STAFF (SAS) (FK-1)

Conducts legislative, economic, and policy analyses related to the private health insurance study and the overall structure of health care financing and reform. Analyzes and reviews current literature regarding the State of the nation's health policy in order to develop national trend analyses for future HCFA program directions. Plans and develops future HCFA program policy in order to assist in the development of legislative strategies that will enhance the Department's legislative program. Coordinates policy development and research relating to legislative proposals designed to reform and make improvements in the health care delivery system including the technical specifications for such legislation.

FK Director, Barbara S. Cooper,
325H HHH(202) 690-7063

BUREAU OF POLICY DEVELOPMENT (BPD) (FKA)

Establishes national program policy on all issues of Medicare payment, including provider payment policy, provider accounting and audit policy, and physician and medical services payment policy. Develops, evaluates, and reviews national policies and standards concerning the coverage and utilization effectiveness of items and services under the Medicare program provided by hospitals, long-term care facilities, hospices, End Stage Renal Disease facilities, home health agencies, alternative health care organizations, comprehensive outpatient rehabilitation facilities, physicians, health practitioners, clinics, laboratories, and other health care providers and suppliers. Serves as the principal organization within HCFA for evaluating the medical aspects of Medicare coverage issues and for developing provider conditions of participation. Develops, evaluates, and reviews national Medicare coverage issues concerning reasonableness and necessity for medical and related services. Develops, interprets, and evaluates program policies pertaining to Medicare eligibility, Medicare secondary payer policies and other technical issues. Develops regulations for the Medicare and Medicaid programs. Manages the HCFA system for developing regulations, setting regulation priorities, and corresponding work agenda. In cooperation with the Office of the General Counsel, coordinates litigation affecting the Medicare program.

FKA Director, Thomas A. Ault, Central 5-01-17(410) 786-5635
Deputy Director, Barbara O. Wynn,
Central 5-01-27 (410) 786-5674

OFFICE OF RESEARCH AND DEMONSTRATIONS (ORD) (FKB)

Provides leadership and executive direction within HCFA for a wide range of health care financing research and demonstrations activities. Develops, tests, and evaluates new payment methods, coverage policies, and delivery mechanisms in Medicare, Medicaid, and other health care programs. Has primary responsibility for managing HCFA's Medicare and Medicaid demonstration waiver authorities, including the Federal review, approval, and oversight of State health reform waivers. Develops new and innovative ways to reform the quality, efficiency, and cost effectiveness of Federal, State, and private health care financing programs. Works closely with the Associate Administrator for Policy, other Bureau/Office Directors, and high level staff outside HCFA to insure that the Agency's objectives and long range planning in these areas are accomplished. Participates with departmental components in a wide range of experimental health care delivery projects. Performs claims adjudication, payment, and data collection for demonstration projects. Undertakes research to facilitate informed program and policy decisions designed to make improvements in the health care delivery system.

FKB Acting Director, Barbara S. Cooper,
Central 3-26-17(410) 786-6507
Deputy Director, Thomas Kickham,
Central 3-25-17(410) 786-6503

OFFICE OF THE ACTUARY (OACT) (FKC)

Conducts and directs the actuarial program for HCFA and directs the development of and methodologies for macroeconomic analysis of health care financing issues. Performs actuarial, economic and demographic studies to predict HCFA program expenditures under current law and under proposed modifications to current law. Provides program estimates for use in the President's budget and for reports required by Congress. Studies questions concerned with financing present and future health programs, evaluates operations of the Federal Hospital Insurance Trust Fund and Supplementary Medical Insurance Trust Fund and performs microanalyses for the purpose of assessing the impact of various health care financing factors upon the costs of Federal programs. Develops and conducts studies to estimate and project national and area health expenditures. Analyzes trend data sources such as the Consumer Price Index to develop projections of health care costs. Analyzes data on physicians' costs and charges to develop payment indices and monitors expansion of service and inflation of costs in the health care sector. Publishes cost projections and economic analyses, and provides actuarial, technical advice and consultation to HCFA components, governmental components, Congress, and outside organizations.

FKC Chief Actuary, Richard F. Foster,
North 3-01-10(410) 786-6374

**OFFICE OF THE ASSOCIATE ADMINISTRATOR FOR OPERATIONS
AND RESOURCE MANAGEMENT**

FL Associate Administrator, Steven A. Pelovitz,
Central 5-19-07(410) 786-3160
313-H HHH (202) 690-7482
Deputy Associate Administrator, David J. Butler,
Central 5-18-27(410) 786-4280
313-B HHH(202) 690-7482

OFFICE OF THE ATTORNEY ADVISOR (OAA) (FL-1)

The Office of the Attorney Advisor is attached to AAORM for administrative issues but continues to report to the Administrator, HCFA, for substantive issues. The Attorney Advisor recommends initiation of "own motion review" of Provider Reimbursement Review Board decisions and of Medicare Geographical Classification Review Board (MGCRB) decisions. Evaluates cases under "own motion review" and recommends the disposition of such cases by the Administrator. Evaluates and makes recommendations for disposition of MGCRB decisions appealed to the Administrator.

FL-1 Acting Director, Jacqueline Vaughn,
Central 3-26-10(410) 786-3176

OFFICE OF FINANCIAL AND HUMAN RESOURCES (OFHR) (FLA)

Provides HCFA-wide policy direction, coordination and control in the areas of budget, financial and accounting operations, personnel, management evaluation and analysis, administrative services, project grants, contracting and procurement, and work planning. Develops and promulgates HCFA policy in these areas and executes these policies throughout HCFA; also assures consistency with departmental policy. Designs systems support for personnel management, financial management, procurement, and facilities management programs within HCFA. The Director serves as the Chief Financial Officer and the Deputy Ethics Counselor for the Agency.

FLA	Director, William F. Broglie, Central 3-01-17	(410) 786-1055
	409B HHH.....	(202) 690-6872
	Deputy Director, Ronald C. Gwyn, Central 3-01-16	(410) 786-1054
	Single Site Project Director, Paul L. Horneman, South LL-13-17	(410) 786-1049
FLA3	Director, Office of Acquisition and Grants, Ellen Angus, Central 2-22-08	(410) 786-9419
	Small and Disadvantaged Business Utilization Specialist, Fred Suggs, Central 2-21-23	(410) 786-5132

BUREAU OF PROGRAM OPERATIONS (BPO) (FLB)

Provides direction and technical guidance for the nationwide administration of the Medicare health care financing programs. Develops, negotiates, executes, and manages contracts with Medicare contractors. Manages the Medicare financial management system and national budgets for Medicare contractors. Establishes national policies and procedures for the procurement of claims processing and related services from the private sector. Defines the relative responsibilities of all parties in the health care financing operations and designs the operational systems which link these parties. Directs the establishment of standards of performance for contractors. Compiles operational and performance data for recurring and special reports to reflect status and trends in program operations effectiveness. Prepares recommendations regarding terminations, awards, penalties, non-renewals, or other appropriate contract actions for Medicare Contractors. Establishes national policy and procedures for the recovery of overpayments. Directs the processing of Part A beneficiary appeals and issues instructions and guidance for resolving beneficiary overpayments. Following coordination with pertinent HCFA components, notifies carriers and fiscal intermediaries of findings resulting from quality control programs. Makes recommendations to the Associate Administrator for Operations & Resource Management regarding financial penalties authorized and determined appropriate under regulations. Assists Medicare contractors in improving the management of federally required quality control programs. Identifies significant trends and priority problems through comprehensive analyses of program operations and performance and evaluates findings surfaced through various assessment programs. Develops and conducts comprehensive analyses and studies of selected areas of policy and operations to evaluate the appropriateness, cost effectiveness, or other impact resulting from the implementation of law, regulations, policies, or operational procedures and systems. Develops recommendations for specific policy or operational improvements based on assessment findings. Coordinates, monitors, and evaluates all corrective action initiatives resulting from program assessment findings. Develops program-wide policies, regulations, procedures, guidelines, and studies dealing with program oversight and improvement. Coordinates the preparation of manuals and other policy issuances required to meet the instructional and information needs of providers, contractors, State Agencies, regional offices, Peer Review Organizations, the Social Security Administration, and other audiences directly involved in the administration of HCFA programs.

FLB	Director, Carol Walton, South 2-26-17	(410) 786-8050
	Deputy Director, Gary Kavanagh, South 2-26-16	(410) 786-5876

BUREAU OF DATA MANAGEMENT AND STRATEGY (BDMS) (FLC)

Serves as the focal point for the management of HCFA's information resources. Provides agency-wide information management, decision support, automated data processing (ADP), and data communication services essential to the management and administration of HCFA programs. Provides technical information planning and developmental review of HCFA data collection initiatives. Collects, analyzes, and disseminates data on beneficiary eligibility, enrollment entitlement, and medical utilization. Collects and maintains data on Medicare contractor claims processing workloads and maintains contractor quality assurance and performance evaluation systems. Manages statistical data systems on HCFA programs to support policy and program decisions. Coordinates the development of special purpose statistical data bases and tabulations required for assessing: 1) the impact of proposals which change health care financing programs, 2) the characteristics of HCFA beneficiaries and 3) the utilization and cost of program benefits. Provides applications software support to HCFA headquarters and regional offices in administrative/program management systems. The Director serves as HCFA's principal IRM official and is responsible for overseeing the Agency's IRM programs including those of the Medicare contractors, Peer Review Organizations, and End Stage Renal Disease Networks. Directs the HCFA ADP systems security program including its application to Medicare contractors. Develops common coding standards and quality assurance monitoring mechanisms. Negotiates and administers agreements and provides ADP liaison between HCFA users and other external organizations for the provisions of ADP capacity and support services. Provides support and data handling capability to control/examine, audit, investigate, and process/release a variety of provider billing, query, enrollment, and premium billing correspondence and transactions.

- FLC Director, Regina McPhillips, Dr.P.H.,
North 3-14-17(410) 786-8100
- Deputy Director, Michael Odachowski,
North 3-14-16(410) 786-8100

HEALTH STANDARDS AND QUALITY BUREAU (HSQB) (FLE)

Provides leadership and overall programmatic direction for implementation and enforcement of health quality and safety standards for providers and suppliers of health care services and evaluates their impact on the utilization, quality and cost of health care services. Plans, develops, and establishes procedures and guidelines for administering and evaluating the nationwide Medicare and Medicaid survey and certification program. Monitors and validates the process for certifying that participating providers and suppliers are in compliance with established conditions and standards. Responsible for implementation and operation of professional review and other medical review programs. Administers a comprehensive system for assessment of individual professional and medical review organizations to determine compliance with program requirements and to document the effectiveness and impact of their activities. Establishes specifications for information and data reporting, collection and systems requirements for the survey and certification, professional review and other medical review activities.

- FLE Director, Health Standards and Quality Bureau,
Barbara Gagel, South 2-13-17(410) 786-6842
- Deputy Director, David C. Clark,
South 2-13-27(410) 786-6843

OFFICE OF THE REGIONAL ADMINISTRATORS (I-X) (ORA) (FLD)

The Office of the Regional Administrator is the principal official for regional operations of the Health Care Financing Administration (HCFA). Provides executive leadership and guidance on behalf of the Associate Administrator, Operations, HCFA, to all components at the regional level. Implements national policy at the regional level. Assures the effective administration of all HCFA programs, including Medicare, Medicaid, Peer Review Organizations (PROs), quality control, and certification of institutional providers in a major geographical area. Participates in the formulation of new policy and recommends changes in existing national policy for all HCFA programs. Develops and implements a professional relations program within the region for all HCFA programs and serves as the principal HCFA contact for all professional organizations such as hospital and medical associations. At the regional level, takes action to implement HCFA national initiatives undertaken to integrate HCFA program operations and is responsible for coordination of HCFA programs with other departmental components and Federal agencies. Coordinates with the Department's Principal Regional Official to assure effective relationships with State and local governments. Manages all administrative activities for HCFA components. Initiates and directs the implementation of special regional and headquarters projects affecting all HCFA programs. Directs regional responsibilities relating to experimental and demonstration projects. Oversees a beneficiary services program within the region for all HCFA programs. Provides regional perspective to the Administrator, Associate Administrators, Bureau Directors, and Staff Office Directors in the development of HCFA policies, programs, and objectives.

Regional Administrators

Telephone Numbers

I.	Sidney C. Kaplan	(617) 565-1188
II.	William Toby	(212) 264-4488
III.	Maurice Hartman	(215) 596-1351
IV.	Clarence Boone	(404) 331-2329
V.	Chester C. Stroyny	(312) 886-6432
VI.	Ed Lessard (Acting)	(214) 767-6427
VII.	Joe L. Tilghman (Acting)	(816) 426-5233
VIII.	Mary Kay Smith	(303) 844-2111
IX.	Elizabeth Abbott (Acting)	(415) 744-3502
X.	Nancy J. Dapper	(206) 615-2306

STATES IN EACH REGION

- | | |
|---|---|
| I. BOSTON
Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island | VI. DALLAS
Arkansas
Louisiana
New Mexico
Oklahoma
Texas |
| II. NEW YORK
New Jersey
New York
Puerto Rico
Virgin Islands | VII. KANSAS CITY
Iowa
Kansas
Missouri
Nebraska |
| III. PHILADELPHIA
Delaware
Dist. of Columbia
Maryland
Pennsylvania
Virginia
West Virginia | VIII. DENVER
Colorado
Montana
North Dakota
South Dakota
Utah
Wyoming |
| IV. ATLANTA
Alabama
North Carolina
South Carolina
Florida
Georgia
Kentucky
Mississippi
Tennessee | IX. SAN FRANCISCO
American Samoa
Arizona
California
Guam
Hawaii
Nevada |
| V. CHICAGO
Illinois
Indiana
Michigan
Minnesota
Ohio
Wisconsin | X. SEATTLE
Alaska
Idaho
Oregon
Washington |



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EXHIBITS

List of Medicare Contractors

SMALL BUSINESS SUBCONTRACTING DIRECTORY - HHS (HCFA)

CONTRACTOR NAME & ADDRESS	SADBUS SUBCONTRACTOR LIAISON NAME	PROJECT TITLE
Blue Cross Blue Shield of Maine 2 Gannett Drive South Portland, ME 04106-6911	Barry A. White (207) 822-7045	Medicare Administration Service
New Hampshire-Vermont Health Service Two Pillsbury Street Concord, NH 03301	Wayne A. Hughes (603) 224-9511 Ext. 3003	Medicare Administration Service
The Travelers Insurance Company One Tower Square Hartford, CT 06183	John P. Miles (203) 954-2361	Medicare Administration Service
Empire Blue Cross Blue Shield 518 James Street Syracuse, NY 13203	Francis A. Blasi (315) 474-4152	Medicare Administration Service
Blue Cross Blue Shield of Western New York, Inc. (Upstate Medicare Division) 7-9 Court Street Binghamton, NY 13901-3197	Charles J. Petersdorf (607) 772-9264	Medicare Administration Service
Aetna Life Insurance Company 151 Farmington Avenue Hartford, CT 06156	Linda E. Eckert (203) 536-5634	Medicare Administration Service
Blue Cross Blue Shield of Connecticut 370 Bassett Road North Haven, CT 06473	Daniel J. Cyr (203) 630-4976	Medicare Administration Service
Blue Cross Blue Shield of Massachusetts, Inc. 100 Summer Street Boston, MA 02110	Joseph Churchman (617) 350-4309	Medicare Administration Service

Blue Cross Blue Shield of Rhode Island 444 Westminster Street Providence, RI 02901	Roger W. Nani (401) 459-1702	Medicare Administration Service
Cooperative de Seguros de Vida De Puerto Rico P. O. Box 363428 San Juan, PR 00936-3428	Jose A. Brull-Cestero (809) 763-2053	Medicare Administration Service
Cooperative de Seguros de Vida De Puerto Rico G.P.O. Box 71391 San Juan, PR 00936	Earl M. Harper (809) 749-4080	Medicare Administration Service
Blue Cross Blue Shield of New Jersey 33 Washington Street Newark, NJ 07102	Antoinette F. Walsh (201) 456-2442	Medicare Administration Service
Group Health Inc. 88 West End Avenue New York NY 10023	Peter S. Moore (212) 721-1300 ext. 380	Medicare Administration Service
Blue Cross Blue Shield of Virginia 2015 Stapler Mill Road P.O. Box 27401 Richmond, VA 23279	George T. Moneyhen (804) 261-1710	Medicare Administration Service
Pennsylvania Blue Shield 1500 Center Street Camp Hill, PA 17011	Leon A. Foster (717) 763-3793	Medicare Administration Service
Independence Blue Cross 1901 Market Street Philadelphia, PA 19103	Richard Scharle (803) 788-0222	Medicare Administration Service

Veritus, Inc. (d/b/a Blue Cross of Western PA Fifth Avenue Place 120 Fifth Avenue Pittsburgh, PA 15222	Peggy Strang (412) 928-3964	Medicare Administration Service
Blue Cross Blue Shield of Maryland, Inc. 10455 Mill Run Circle Owings Mills, MD 21117	Stanley W. Behnken (410) 998-5720	Medicare Administration Service
Blue Cross Blue Shield of South Carolina I-20 at Alpine Road Columbia, SC 29219	Susan J. Davis (803) 788-0222	Medicare Administration Service
Connecticut General Life Insurance Co. (CGLIC), a CIGNA Company 2 Vantage Way, Suite 506 Nashville, TN 37228	Edward Burrell (615) 244-5600	Medicare Administration Service
Blue Cross Blue Shield of Mississippi 3545 Lakeland Drive Jackson, MS 39208-9799	Sherree Nooe (601) 932-3704 ext. 4363	Medicare Administration Service
Blue Cross Blue Shield of Georgia, Inc. 2357 Warm Springs Road P.O. Box 904 Columbus, GA 31908-9048	James W. Ward (404) 842-8002	Medicare Administration Service
Southeastern Mutual Ins. Co. (d/b/a Blue Cross Blue Shield of Kentucky 10100 Linn Station Road Louisville, KY 40223	Richard S. Staley (502) 423-2910	Medicare Administration Service

Blue Cross Blue Shield of Florida 532 Riverside Avenue Jacksonville, FL 32202	Fred Gaudios (904) 791-8094	Medicare Administration Service
Blue Cross Blue Shield of Alabama 450 Riverchase Parkway East Birmingham, AL 35298	James D. Wright (205) 998-2899	Medicare Administration Service
Blue Cross Blue Shield of Tennessee 801 Pine Street Chattanooga TN 37402	William E. Nuckols (615) 755-5696	Medicare Administration Service
Blue Cross Blue Shield of North Carolina 800 South Duke Street Durham, NC 60601	William A. Carroll (615) 755-5696	Medicare Administration Service
Health Care Service Corp. 233 North Michigan Avenue Chicago, IL 60601	Lawrence A. Hough (312) 938-6572	Medicare Administration Service
Community Mutual Ins. Co. (d/b/a) Community Mutual Blue Cross & Blue Shield P.O. Box 145482 Holiday Park West 801A West 8th Street Cincinnati, OH 45250-5482	Carl Crane (513) 872-8257	Medicare Administration Service
Nationwide Mutual Ins. Co Three Nationwide Plaza PO Box 16788 or PO Box 16781 Columbus, OH 43215	Donald G. Nameche (614) 249-6287	Medicare Administration Service
Blue Cross Blue Shield of Michigan 600 Lafayette East Detroit, MI 48226	Dave Weaver (313) 225-9725	Medicare Administration Service

Blue Cross Blue Shield of Minnesota P.O. Box 64357 St Paul, MN 55164-0357/ 3635 Blue Cross Road Eagan, MN 55122	Carol A. Doffing (612) 456-8021	Medicare Administration Service
Associated Insurance Co's Inc. (d/b/a BCBS Indiana) c/o Administar, Inc. 6802 Hilldale Court Indianapolis, IN 46250	Stephen T. Crickmore (317) 841-4540	Medicare Administration Service
Blue Cross Blue Shield United of Wisconsin 401 West Michigan Street Milwaukee, WI 53201	Mary S. Flaschner (414) 226-5580	Medicare Administration Service
Wisconsin Physician Service Insurance Corp. 1717 W. Broadway Madison, WI 53701	James Falk (608) 221-5065	Medicare Administration Service
Blue Cross Blue Shield of Texas, Inc. 901 South Central Expressway Richardson, TX 75080	Berta Garrett (214) 669-6343	Medicare Administration Service
Arkansas BCBS A Mutual Insurance Co. 601 Gains Street Little Rock AR 72203	Jerry Unser (501) 378-2222	Medicare Administration Service
New Mexico BCBS, Inc. 12800 Indian School Road N.E. Albuquerque, NM 87112	Ronald Schmitz (303) 831-2633	Medicare
Group Health Service of Oklahoma Inc. 1215 Boulder Avenue Tulsa, OK 74119	Michael E. Allen (918) 560-2007	Medicare Administration Service

Blue Cross Blue Shield of Nebraska 7261 Mercy Road Omaha, NE 68180	A. Duane Wilson (402) 390-1800	Medicare Administration Service
Blue Cross Blue Shield of Kansas, Inc. 1133 S.W. Topeka Blvd Topeka, KA 66601	Donald R. Lynn (913) 291-8697	Medicare Administration Service
IASD Health Serv. Corp 636 Grand Ave Station 28 Des Moines IA 50309	John Dixon (515) 245-4569	Medicare Administration Service
Mutual of Omaha Ins. Co. 3301 Dodge Street Omaha NE 68131	Douglass H. Parr (402) 978-2360	Medicare Administration Service
General American Life Insurance Co. 13045 Tesson Forg Road St. Louis County MO 63128	John G. Vogel (314) 525-5850	Medicare Administration Service
Blue Cross Blue Shield Of Montana, Inc. Great Falls Division 3360 Tenth Avenue South Great Falls MT 59403	Gerald J. Boland (406) 444-8530	Medicare Administration Service
Blue Cross Blue Shield of Utah 2455 Parley's Way P.O. Box 30270 Salt Lake City, UT 84130-0270	Don J. Friel (801) 481-6470	Medicare Administration Service
Blue Cross Blue Shield of North Dakota 4510 13th Avenue SW Service Fargo, ND 58121-0001	Larry P. Hagen (701) 282-1316	Medicare Administration

Blue Cross Blue Shield of Wyoming 4000 House Avenue Cheyenne, WY 82001	Lloyd B. Wilder (307) 703-3517	Medicare Administration Service
Blue Cross of California 21555 Oxnard Street Woodland Hills, CA 91367	Debra Tucker (818) 703-3517	Medicare Administration Service
California Physicians' Service (d/b/a) BS of California 1 Beach Street San Francisco, CA 94133	Dick Lincoln (415) 445-5679	Medicare Administration Service
Hawaii Medical Service Assoc. Medicare Administration 818 Keoaumoku Street P.O.Box 860 Honolulu, HI 96808-0860	Marcus S. Chun (808) 944-2145	Medicare Administration Service
Transamerica Occidental Life Ins. Company 1149 S. Broadway 3rd Fl Los Angeles, CA 90015	Flora Bahaudin (213) 742-2558	Medicare Administration Service
Blue Cross Blue Shield of Arizona 2410 W. Royal Palm Rd P.O. Box 37700-85069 Phoenix, AZ 85021	Don Grebel (602) 864-5359	Medicare Administration Service
Blue Cross of Washington and Alaska 7001 220th Street S.W. Mountlake Terrace, WA 98043	Sandra J. Archibald (206) 670-4530	Medicare Administration Service
Blue Cross Blue Shield of Oregon 100 S.W Market Street PO Box 8110 Portland, OR 97207-8110	James E. Verdick (503) 721-7115	Medicare Administration Service - Common Working File Contract

<p>Blue Cross Blue Shield Association 676 North St. Clair St. Chicago, IL 60666</p>	<p>Robert Zumstein (312) 440-6596</p>	<p>Medicare Administration Service</p>
<p>Electronic Data Systems Corp. 5400 Legacy Drive Plano, TX 75024</p>	<p>Theresa Gore (214) 604-4681</p>	<p>Medicare Administration Service (Part B) Claims Processing for BS/CA; BS/Up- State NY; BS/Mass; BS/IL & Nationwide Mutual Ins. (Ohio/ W. VA)</p>
<p>GTE Data Systems Inc. One East Telecom Pkwy Temple Terrace, FL 33637</p>	<p>Jeanette Robles (904) 296-6770 ext. 8261</p>	<p>Medicare Administration Service for GTEMS Shared Maintenance User Group Contract for Utah, Florida, Wisconsin and Aetna</p>
<p>VIPS 515 Fairmont Avenue Towson, MD 21286</p>	<p>James I. Thompson, Jr. (410) 832-8300</p>	<p>Subcontractor to Eleven (11) Medicare Intermediaries re: Installation & Maintenance of the Metropolitan Medicare Systems (MMS)</p>
<p>GTE Gov't Systems Fed Systems Div. 15000 Conference Center Dr Chantilly, VA 22021-3808</p>	<p>John E. Marriott (703) 818-4434</p>	<p>Medicare Transaction System</p>

<p>The Travelers Ins. Co. One Tower Square Hartford, CT 06183</p>	<p>Jim R. Passier (203) 277-4378</p>	<p>Medicare Administration Service – Durable Medical Equipment Review</p>
<p>Associated Ins. Co. Inc. 6802 Hillsdale Court Indianapolis, IN 46250</p>	<p>Stephen T. Crickmore (317) 841-4540</p>	<p>Medicare Administration Service – Durable Medical Equipment Review</p>
<p>CIGNA Medicare 2 Vantage Way Suite 506 Nashville, TN 37228</p>	<p>Edward H. Burrell (615) 244-5600</p>	<p>Medicare Administration Service – Durable Medical Equipment Review</p>
<p>Blue Cross Blue Shield of South Carolina I-20 at Alpine Road Columbus, SC 29219</p>	<p>Susan J. Davis (803) 788-0222 ext. 2142</p>	<p>Medicare Administration Service – Durable Medical Equipment Review</p>

REQUEST FOR QUOTATIONS, SF 18

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>		The Notice of Small Business-Small Purchase Set-Aside on the reverse of this form <input type="checkbox"/> is <input type="checkbox"/> is not applicable.		PAGE	OF	PAGES
1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING		
5A. ISSUED BY			6. DELIVER BY <i>(Date)</i>			
5B. FOR INFORMATION CALL: <i>(Name and telephone no.) (No collect calls)</i>			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule)</i>			
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE			9. DESTINATION <i>(Consignee and address, including ZIP Code)</i>			
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS <i>(Date)</i>		11. BUSINESS CLASSIFICATION <i>(Check appropriate boxes)</i> <input type="checkbox"/> SMALL <input type="checkbox"/> OTHER THAN SMALL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED				
IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.						
12. SCHEDULE <i>(Include applicable Federal, State and local taxes)</i>						
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	
13. DISCOUNT FOR PROMPT PAYMENT ▶		10 CALENDAR DAYS	20 CALENDAR DAYS	30 CALENDAR DAYS	CALENDAR DAYS	
		%	%	%	%	
NOTE: Reverse must also be completed by the quoter.						
14. NAME AND ADDRESS OF QUOTER <i>(Street, city, county, State and ZIP Code)</i>			15. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		16. DATE OF QUOTATION	
			17. NAME AND TITLE OF SIGNER <i>(Type or print)</i>		18. TELEPHONE NO. <i>(Include area code)</i>	
NSN 7540-01-152-8084 PREVIOUS EDITION NOT USABLE			18-118		STANDARD FORM 18 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.215-1(a)	

SOLICITATION MAILING LIST APPLICATION, SF 129

SOLICITATION MAILING LIST APPLICATION	1. TYPE OF APPLICATION <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION	2. DATE	FORM APPROVED DMB NO. 3090-0009
--	--	---------	--

NOTE--Please complete all items on this form. Insert N/A in items not applicable. See reverse for Instructions.

3. NAME AND ADDRESS OF FEDERAL AGENCY TO WHICH FORM IS SUBMITTED (Include ZIP code)	4. NAME AND ADDRESS OF APPLICANT (Include county and ZIP code)
---	--

5. TYPE OF ORGANIZATION (Check one) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION, INCORPORATED UNDER THE LAWS OF THE STATE OF:	6. ADDRESS TO WHICH SOLICITATIONS ARE TO BE MAILED (If different than Item 4)
--	---

7. NAMES OF OFFICERS, OWNERS, OR PARTNERS		
A. PRESIDENT	B. VICE PRESIDENT	C. SECRETARY
D. TREASURER	E. OWNERS OR PARTNERS	

8. AFFILIATES OF APPLICANT (Names, locations and nature of affiliation. See definition on reverse.)

9. PERSONS AUTHORIZED TO SIGN OFFERS AND CONTRACTS IN YOUR NAME (Indicate if agent)		
NAME	OFFICIAL CAPACITY	TELE. ND. (Include area code)

10. IDENTIFY EQUIPMENT, SUPPLIES, AND/OR SERVICES ON WHICH YOU DESIRE TO MAKE AN OFFER (See attached Federal agency's supplemental listing and instructions, if any)

11A. SIZE OF BUSINESS (See definitions on reverse) <input type="checkbox"/> SMALL BUSINESS (If checked, complete items 11B and 11C) <input type="checkbox"/> OTHER THAN SMALL BUSINESS	11B. AVERAGE NUMBER OF EMPLOYEES (Including affiliates) FOR FOUR PRECEDING CALENDAR QUARTERS	11C. AVERAGE ANNUAL SALES OR RECEIPTS FOR PRECEDING THREE FISCAL YEARS \$
---	--	--

12. TYPE OF OWNERSHIP (See definitions on reverse) (Not applicable for other than small businesses) <input type="checkbox"/> DISADVANTAGED BUSINESS <input type="checkbox"/> WOMAN-OWNED BUSINESS	13. TYPE OF BUSINESS (See definitions on reverse) <input type="checkbox"/> MANUFACTURER OR PRODUCER <input type="checkbox"/> REGULAR DEALER (Type 1) <input type="checkbox"/> SERVICE ESTABLISHMENT <input type="checkbox"/> REGULAR DEALER (Type 2)	<input type="checkbox"/> CONSTRUCTION CONCERN <input type="checkbox"/> SURPLUS DEALER <input type="checkbox"/> RESEARCH AND DEVELOPMENT
--	--	--

14. DUNS NO. (If available)	15. HOW LONG IN PRESENT BUSINESS?
-----------------------------	-----------------------------------

16. FLOOR SPACE (Square feet)		17. NET WORTH	
A. MANUFACTURING	B. WAREHOUSE	A. DATE	B. AMOUNT \$

18. SECURITY CLEARANCE (If applicable, check highest clearance authorized)				C. NAMES OF AGENCIES WHICH GRANTED SECURITY CLEARANCES (Include dates)
FOR	TOP SECRET	SECRET	CONFIDENTIAL	
A. KEY PERSONNEL				
B. PLANT ONLY				

CERTIFICATION - I certify that information supplied herein (Including all pages attached) is correct and that neither the applicant nor any person (Or concern) in any connection with the applicant as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by any agency of the Federal Government from making offers for furnishing materials, supplies, or services to the Government or any agency thereof

19. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN (Type or print)	20. SIGNATURE	21. DATE SIGNED
---	---------------	-----------------

ORDER FOR SUPPLIES AND SERVICES, OF 347

ORDER FOR SUPPLIES OR SERVICES						PAGE	OF	PAGES
IMPORTANT: Mark all packages and papers with contract and/or order numbers.						1		
1. DATE OF ORDER		2. CONTRACT NO. (If any)		3. ORDER NO.		4. REQUISITION/REFERENCE NO.		
5. ISSUING OFFICE (Address correspondence to)				6. SHIP TO: (Consignee and address, ZIP Code)				
7. TO: CONTRACTOR (Name, address and ZIP Code)				SHIP VIA:		8. TYPE OF ORDER		
						<input type="checkbox"/> A. PURCHASE — Refer to your _____ Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheets, if any, including delivery as indicated. This purchase is negotiated under authority of:		
						<input type="checkbox"/> B. DELIVERY — Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.		
9. ACCOUNTING AND APPROPRIATION DATA				10. REQUISITIONING OFFICE				
				11. BUSINESS CLASSIFICATION (Check appropriate box(es))				
				<input type="checkbox"/> SMALL <input type="checkbox"/> OTHER THAN SMALL <input type="checkbox"/> DIS-ADVANTAGED <input type="checkbox"/> WOMEN-OWNED				
12. F.O.B. POINT		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)		16. DISCOUNT TERMS		
13. PLACE OF INSPECTION AND ACCEPTANCE								
17. SCHEDULE (See reverse for Rejections)								
ITEM NO. (A)	SUPPLIES OR SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)	QUANTITY ACCEPTED (G)		
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(M). TOT. (Cont. pages)		
21. MAIL INVOICE TO: (Include ZIP Code)						17(I). GRAND TOTAL		
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME (Typed)				
				TITLE: CONTRACTING/ORDERING OFFICER				
NSN 7540-01-152-8083		50347-101		OPTIONAL FORM 347 (10-83) Prescribed by GSA FAR (48 CFR) 53.213(e)				

IMPAC CARD VENDOR QUESTIONNAIRE

IMPAC CARD VENDOR QUESTIONNAIRE

Date _____

VENDOR REQUEST FOR INFORMATION

- We currently accept VISA, but would like information about First Bank's VISA program.
- Please send VISA account set up information.
- Please send information on how VISA can benefit our business

VENDOR INFORMATION

Vendor Business Name _____

Business Address _____

Business City/State/Zip _____

Contact Name _____ Contact Title _____

Contact Phone _____

Contact FAX _____

Type of Business _____ Type of Product _____

FAX OR MAIL TO

First Bank Merchant Card Group FAX (612)973-8520
ATTN: I.M.P.A.C. Vendor Representative
601 Second Avenue South, MPFM0201
Minneapolis, MN 55402

SOLICITATION, OFFER, AND AWARD, SF 33

SOLICITATION, OFFER AND AWARD		1 THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350) RATING		PAGE OF
2. CONTRACT NO.	3. SOLICITATION NO.	4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input type="checkbox"/> NEGOTIATED (RFP)	5. DATE ISSUED	PAGES
7. ISSUED BY		CODE	8. ADDRESS OFFER TO (If other than Item 7)	

NOTE: In sealed bid solicitations "offer" or "offeror" mean "bid" and "bidder".

SOLICITATION

9 Sealed offers in original and _____ copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if handcarried, in the depository located in _____ until _____ (Hour) local time _____ (Date)

CAUTION - LATE Submissions, Modifications, and Withdrawals See Section L, Provision No. 52.214-7 or 52.215-10 All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION CALL:	A. NAME	B. TELEPHONE NO. (Include area code) (NO COLLECT CALLS)
---------------------------	---------	---

11. TABLE OF CONTENTS

(I)	SEC	DESCRIPTION	PAGE(S)	(I)	SEC	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
	A	SOLICITATION/CONTRACT FORM			I	CONTRACT CLAUSES	
	B	SUPPLIES OR SERVICES AND PRICES/COSTS		PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
	C	DESCRIPTION/SPECS./WORK STATEMENT			J	LIST OF ATTACHMENTS	
	D	PACKAGING AND MARKING		PART IV - REPRESENTATIONS AND INSTRUCTIONS			
	E	INSPECTION AND ACCEPTANCE			K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
	F	DELIVERIES OR PERFORMANCE			L	INSTRS., CONDS., AND NOTICES TO OFFERORS	
	G	CONTRACT ADMINISTRATION DATA			M	EVALUATION FACTORS FOR AWARD	
	H	SPECIAL CONTRACT REQUIREMENTS					

OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12 In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule

13 DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52-232-8)	10 CALENDAR DAYS	20 CALENDAR DAYS	30 CALENDAR DAYS	CALENDAR DAYS
	%	%	%	%
14 ACKNOWLEDGMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated	AMENDMENT NO	DATE	AMENDMENT NO	DATE

15A. NAME AND ADDRESS OF OFFEROR	CODE	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)
15B TELEPHONE NO. (Include area code)	15C CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE		17. SIGNATURE
			18 OFFER DATE

AWARD (To be completed by Government)

19. ACCEPTED AS TO ITEMS NUMBERED	20. AMOUNT	21. ACCOUNTING AND APPROPRIATION	
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304(c)(1) <input type="checkbox"/> 41 U.S.C. 253(c)(1)	23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified)		ITEM
24. ADMINISTERED BY (If other than Item 7) CODE	25. PAYMENT WILL BE MADE BY CODE		
26. NAME OF CONTRACTING OFFICER (Type or print)	27. UNITED STATES OF AMERICA	28. AWARD DATE	
	(Signature of Contracting Officer)		

IMPORTANT - Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.

AWARD / CONTRACT, SF 26

AWARD/CONTRACT		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350)		RATING	PAGE OF PAGES		
2. CONTRACT (Proc. Inst. Ident.) NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQUEST/PROJECT NO.			
5. ISSUED BY		CODE	6. ADMINISTERED BY (If other than Item 5)		CODE		
7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, State and ZIP Code)			8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input type="checkbox"/> OTHER (See below)				
			9. DISCOUNT FOR PROMPT PAYMENT				
			10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN ITEM				
11. SHIP TO/MARK FOR		CODE	12. PAYMENT WILL BE MADE BY		CODE		
		FACILITY CODE					
13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304(c)() <input type="checkbox"/> 41 U.S.C. 253(c)()			14. ACCOUNTING AND APPROPRIATION DATA				
15A. ITEM NO.	15B. SUPPLIES/SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT		
15G. TOTAL AMOUNT OF CONTRACT					\$		
16. TABLE OF CONTENTS							
W)	SEC.	DESCRIPTION	PAGE(S)	W)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
	A	SOLICITATION/CONTRACT FORM			I	CONTRACT CLAUSES	
	B	SUPPLIES OR SERVICES AND PRICES/COSTS		PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
	C	DESCRIPTION/SPECS./WORK STATEMENT			J	LIST OF ATTACHMENTS	
	D	PACKAGING AND MARKING		PART IV - REPRESENTATIONS AND INSTRUCTIONS			
	E	INSPECTION AND ACCEPTANCE			K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
	F	DELIVERIES OR PERFORMANCE			L	INSTRS., CONDS., AND NOTICES TO OFFERORS	
	G	CONTRACT ADMINISTRATION DATA			M	EVALUATION FACTORS FOR AWARD	
	H	SPECIAL CONTRACT REQUIREMENTS					
17. <input type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return _____ copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)		18. <input type="checkbox"/> AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number _____ including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.					
19A. NAME AND TITLE OF SIGNER (Type or print)		20A. NAME OF CONTRACTING OFFICER					
19B. NAME OF CONTRACTOR	19C. DATE SIGNED	20B. UNITED STATES OF AMERICA	20C. DATE SIGNED				
BY _____ (Signature of person authorized to sign)		BY _____ (Signature of Contracting Officer)					

SAMPLE GRANT APPLICATION PACKAGE

Biographical Sketch

(suggested format)

(Provide the following information for all professional personnel who are employed by the project. Use continuation pages and follow the instructions on page 10.)

who fol NA

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED: OMB NO. 0938-0046

DISCLOSURE OF LOBBYING ACTIVITIES

1. Type of Federal Action

- Contract, Grant, Cooperative Agreement, Loan, Loan Guarantee, Loan Insurance

2. Status of Federal Action

- Bid/Offer/Application, Initial Award, Post-Award

BUDGET INFORMATION — Non-Construction Programs

SECTION A — BUDGET SUMMARY

Table with columns: Grant Program Function or Activity, Catalog of Federal Domestic Assistance Number, Estimated Unobligated Funds (Federal, Non-Federal), New or Revised Budget (Federal, Non-Federal), Total.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

- 1. TYPE OF SUBMISSION: Application, Construction, Non-Construction

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

3. APPLICANT INFORMATION

Legal Name: _____

Organizational Unit: _____

Address (give city, county, state, and zip code): _____

Name and telephone number of the person to be contacted on matters involving this application (give area code): _____

4. EMPLOYER IDENTIFICATION NUMBER (EIN):

- 7. TYPE OF APPLICANT: State, County, Municipal, Township, Interstate, Intermunicipal, Special District, Independent School Dist., State Controlled Institution of Higher Learning, Private University, Indian Tribe, Individual, Profit Organization, Other

- 5. TYPE OF APPLICATION: New, Continuation, Revision, Increase Award, Decrease Award, Increase Duration, Decrease Duration

8. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: _____ TITLE: _____

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: _____

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

13. PROPOSED PROJECT:

14. CONGRESSIONAL DISTRICTS OF:

Table with columns: Start Date, Ending Date, a. Applicant, b. Project

Table with columns: a. Federal, b. Applicant, c. State, d. Local, e. Other, f. Program Income

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

- a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE _____ b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Attach an explanation.

EDGE AND BE

Form 424A (4-88) IS Circular A-102

**SAMPLE OF PROJECT NARRATIVE SUGGESTIONS
FOR WRITING A HCFA GRANT/COOPERATIVE AGREEMENT PROPOSAL**

standard outlines. The Project Narrative is no exception. Although the outline suggested below is not an absolute requirement, it is a commonly used guide for HCFA proposals. Thus, it is used here as the format for discussing the major points about preparing a good proposal.

NEW AND COMPLEMENTARY CONTRIBUTIONS

Project Title
or her project
population
importance

The object:
They should
importance
framework
to study the

BACKGROUND

Background
put his or her
Basically, the
applicant's
understands
indicate how
all the relevant
bibliography

If there is a
should be
applicant is
It also is in
review will
projects, or
Financing
the proposed
yet investigate
subsection,

PROJECT NARRATIVE

The first and most important audience the applicant needs to reach are the peer reviewers who will read, evaluate, and pass judgment on the proposed study. Thus, the basic purpose of the applicant's proposal is to communicate his or her ideas to these reviewers, thoroughly yet clearly. If the applicant cannot successfully outline his or her objectives, explain his or her study methods, or argue for the importance of his or her project, the proposal will most likely be disapproved on scientific and technical grounds.

Peer review panels are usually convened about a month or 2 after the closing dates specified in the Federal Register notice. The panels consist of experts from HCFA, other Federal health agencies, and (mainly) academic and research institutions around the country. These experts represent a range of disciplines (e.g., economics and statistics, psychology and sociology, medicine and health policy). Applicants should assume that at least one reviewer on each panel is knowledgeable about the topics they want to investigate and the methods they propose to use in their investigation. But applicants should remember also that they must communicate with all panelists and that many panel members may not have specialized knowledge in their particular area.

Peer reviewers receive applications to be reviewed in advance and then meet for (usually) a day or 2. In that time, they may discuss, critique, and vote on 10 to 25 or more proposals. This means that, often, proposals are read and reviews written under great time constraints. Therefore, it is important that the applicant make his or her proposal as clear and concise as possible, consistent with telling the full story about the intended project. Since there is a page limit for each application, the application, must be concise, yet thorough. Reviewers should be able to understand all of the following:

- . What the applicant proposes to do;
- . Why the applicant proposes to do it in the manner described;
- . Why the enterprise is worthwhile, in its own right and to HCFA; and
- . What new contributions the project offers (and how it is related to past or current work in the area).

Reviewers should not be confronted with extraneous material, excessively long literature reviews, or unsubstantiated claims about the project's relevance or importance.

In communicating to the panel members, one of the most critical sections of the proposal in trying to convince them that the project is worth investigation and that the applicant can handle the task is the Project Narrative, because it is the heart of the proposal and as such is given the most scrutiny by the review panel. Over the years, conventions have emerged about the structure of research applications, including

NOTICE OF GRANT AWARD, HCFA FORM 6-U6-PG

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Care Financing Administration		1. DOCUMENT NO. _____ CFDA NO. _____				
NOTICE OF GRANT AWARD Under authority of _____ (Legislation) _____ (Regulations) This grant is subject to the terms and conditions incorporated either directly or by reference in: a. Grant Program Legislation cited above. b. Grant Program Regulations cited above. c. Special Terms and Conditions, if any, noted below. d. 45 CFR PART 74		2. GRANT NO. _____ 3. AMEND. NO. _____				
		4. BUDGET PERIOD FROM _____ THROUGH _____				
		5. TOTAL PROJECT PERIOD: FROM _____ THROUGH _____				
		6. TYPE OF GRANT <input type="checkbox"/> NON-COMPETING CONTINUATION <input type="checkbox"/> NEW SUPPLEMENT <input type="checkbox"/> COMPETING CONTINUATION <input type="checkbox"/> REVISION FOR () See Reverse for explanation.				
7. PROJECT/PROGRAM TITLE _____						
8. GRANTEE ORGANIZATION _____		9. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR _____				
10. APPROVED BUDGET GRANT FUNDS ONLY <input type="checkbox"/> TOTAL PROJECT COSTS <input type="checkbox"/> PERSONNEL \$ FRINGE BENEFITS TRAVEL EQUIPMENT SUPPLIES CONTRACTUAL OTHER DIRECT COSTS \$ INDIRECT COSTS Calculated at ____ % of \$ _____ TOTAL APPROVED BUDGET \$ _____		12. CONGR. DISTRICT _____ 13. COUNTY _____ 14. AWARD COMPUTATION A. TOTAL APPROVED BUDGET \$ B. LESS C. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIOD(S) \$ D. TOTAL AMOUNT AWARDED THIS BUDGET PERIOD \$ 15. AMOUNT AWARDED—THIS ACTION \$ _____				
11. REQUIRED GRANTEE PARTICIPATION _____		16. TOTAL FEDERAL FUNDS AWARDED TO DATE FOR PROJECT PERIOD \$ 17. SUPPORT RECOMMENDED FOR REMAINDER OF PROJECT PERIOD <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">PERIOD</td> <td style="width: 50%; border-bottom: 1px solid black;">TOTAL DIRECT COSTS</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	PERIOD	TOTAL DIRECT COSTS		
PERIOD	TOTAL DIRECT COSTS					
18. REMARKS (SPECIAL TERMS & CONDITIONS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO) _____						
19. PAYMENT INFORMATION: PAYMENTS UNDER THIS AWARD WILL BE MADE UNDER PAYMENT CLAUSE _____, AS EXPLAINED ON REVERSE.						
20. INQUIRIES REGARDING ADMINISTRATION OF THIS GRANT SHOULD BE DIRECTED TO: _____ OR _____ (HCFA PROJECT OFFICER) (HCFA GRANTS MANAGEMENT SPECIALIST)						
21. FY CAN _____	22. CRS/EIN _____	25. SIGNATURE AND TITLE—HCFA OFFICIAL _____ DATE _____				
23. OBJECT CLASS _____	24. HCFA LIST NO. _____					

FINANCIAL STATUS REPORT, SF 269A

FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval No. 0348-0039	Page	of pages
3. Recipient Organization (Name and complete address, including ZIP code)						
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) To: (Month, Day, Year)			9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year)			
10. Transactions:		I Previously Reported	II This Period	III Cumulative		
a. Total outlays						
b. Recipient share of outlays						
c. Federal share of outlays						
d. Total unliquidated obligations						
e. Recipient share of unliquidated obligations						
f. Federal share of unliquidated obligations						
g. Total Federal share (Sum of lines c and f)						
h. Total Federal funds authorized for this funding period						
i. Unobligated balance of Federal funds (Line h minus line g)						
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate	c. Base	d. Total Amount	e. Federal Share		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title				Telephone (Area code, number and extension)		
Signature of Authorized Certifying Official				Date Report Submitted		

Previous Editions not Usable

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

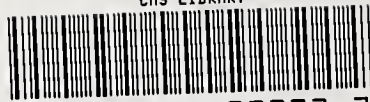


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